Oral Hygiene

JULY
1935

Largest audited circulation to American Practicing Dentists
Member Controlled Circulation Audit, Inc.

TOOTH ABRASION

Researching for causes

Extensive laboratory research in which we have been engaged together with many tests made on natural extracted teeth have produced information of such value that the investigations will continue from all angles to enable us to present a comprehensive report of our findings to those of the profession interested in the subject.

Your opinion is important

Please write us your views concerning the prevalence and probable causes of tooth abrasion. All communications will be considered as strictly confidential. We merely want to ascertain the general attitude of the profession toward abrasion, to enable us to make a report covering the subject in detail.

Your answers will help

Do you find tooth abrasion commonly present in adult mouths? Is the use of a stiff tooth brush or cross brushing of teeth likely to produce abrasion? Do you consider it probable that the minute irregular shaped crystalline particles contained in tooth cleansing materials tend to scratch and wear away tooth structure generally and exposed cementum in particular?

All information will be available to you

Any expression of opinion or even a card or note expressing interest in the subject will be greatly appreciated. The final results of our research and investigation will be made available to you.

Please address Research Dept.

The Dentinol and Pyrozide Co., Inc.

1480 Broadway New York City

WHEN WINTER COMES

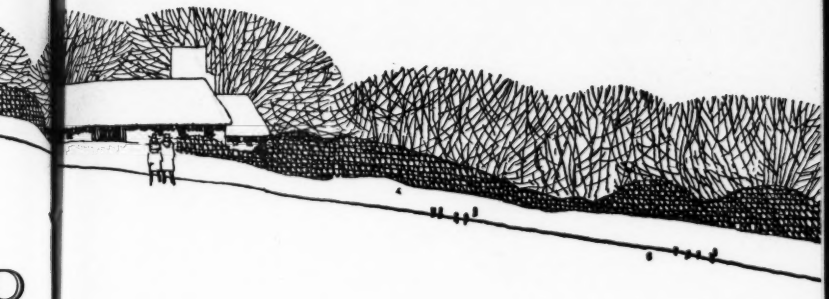
WHEN WINTER COMES

When winter comes—and snow blankets the ground, and icicles depend from sills and eaves—when winter comes, how many will just then be starting winter selling?

People buy the things they know. They know the things they think about. To think, they must *start* thinking. To start thinking, they must have a starting *point.*

Have you established starting points—advertisements provocative of *thought* about you and the things you have to sell?

Really profitable advertising does not often work fast. If it did we—each of us—could insert a few advertisements and gather wealth overnight.



If advertising were a magic thing, each good magazine would be as thick as Webster's. But advertising isn't a magic touchstone.

So the users of advertising space are, in the main, patient folks with vision, accustomed to thinking logically, and content to consume months in accomplishing one month's selling, where others, less thoughtful, seek to bustle through the job, at the last minute, in a few days or weeks.

Most dental manufacturers are not waiting until winter comes to start winter selling. They're starting now—or have already started.

Rarely will you find the profession eager to accept the things you have to *say* about the things you have to *sell.*

We must not rely upon a single telling.

We must be content to accept the laws governing the working of the human mind. The mind, more

often than not, repels the new thought, the new idea.

The idea—the thing advertised—may not be new to other minds. But if it is new to the mind it reaches, it cannot expect to find "welcome" written on the mental door mat.

It must present itself often enough to become a familiar thought.

Before winter comes, be sure that you start *telling*—so that *when* winter comes, you can start *selling*.

Advertisers' experiences for nearly twenty-five years prove that the best printed help to dental *selling* is persistent *telling* in the pages of

ORAL HYGIENE

When DEATH OF THE PULP *Causes Inflammation*

"We'll have to establish drainage before we go ahead with the extraction."

OFTENTIMES in serious extraction cases, dentists find that death of the pulp has set up painful inflammation. Drainage must be established prior to extraction.

Many dentists tell us they find that cleansing the intestinal tract of toxic wastes materially aids in further reducing inflammation. For they know the inflamed condition frequently causes loss of sleep and poor appetite with resulting faulty elimination.

In such cases, many dentists prescribe Sal Hepatica. Because they find that its *mild laxative action* safely and effectively rids the system of toxic wastes. And they know, too, that its *alkalinizing action* helps restore normal alkalinity to the bloodstream and counteracts the acid condition brought about by faulty elimination.

If you have not tested Sal Hepatica in your practice, just mail the coupon below and we will send you a generous supply for clinical use.

YOU'LL ENJOY TUNING-IN on the Sal Hepatica-Ipana radio hour every Wednesday, "Town Hall Tonight", starring Fred Allen over the NBC-WEAF coast to coast network.

• SAL HEPATICA •

MEMO to Bristol-Myers Co., 75-L West Street, N. Y. C.

Without charge or obligation on my part kindly send me samples of Sal Hepatica to be used for clinical purposes. (I enclose my card or letterhead.)

Name.....*D.D.S.*

Street.....

City.....*State*.....

THE
Publisher's

No. 168

CORNER

By MASS

ALMOST always this department finds life confusing, and many a CORNER has muttered about it, without ever really getting anywhere with the job of helping other confused souls to untangle the skeins—beyond trying to get everybody to let Nature take its course and just sit around serenely while Nature is at it. "The Lord will provide" is a restful text: it keeps your blood-pressure down.

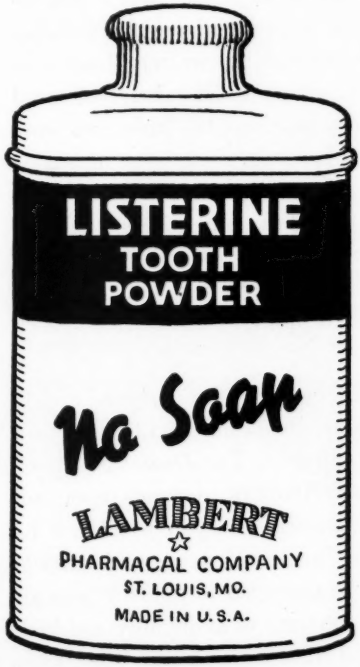
During the last few weeks when so many pages of other magazines have been devoted to ORAL HYGIENE, the mental confusion here in this nook has been gorgeous. It's fun to detach yourself and watch the mixed-up whirling in your own brain that so much resembles those tiny cyclones of autumn leaves which rise and whirl and subside and rise again as you stroll a country road.

First *The New Yorker* came out with a piece burlesquing the "Ask ORAL HYGIENE" department. *The New Yorker* pokes fun at everyone, including itself, and the article was good-natured and pretty funny in spots. You really don't mind when a famous funmaker singles you out for some lighthearted ridicule. Rather soon, though, readers began

FOAM without SOAP . . . BUBBLES without LATHER in the NEW LISTERINE TOOTH POWDER

THE research division of the Lambert Pharmacal Company has just successfully completed a long and painstaking study of tooth powder formulas.

The result is a modern powder dentifrice which contains no soap, and hence is free of alkalis and soapy taste. A new scientific ingredient gives the foam, body, and bubbles of soap; with none of its disadvantages. Moreover, the absence of alkalis permits the inclusion of certain excellent cleansing agents which cannot be used in the presence of soap.



A Professional Size sample will gladly be sent to Dentists who request it on their letter head. Address: Lambert Pharmacal Company, Dental Dept., 2101 Locust Street, St. Louis, Mo.

to write in to sympathize with O.H. because it, and the dental profession, had been "attacked" by *The New Yorker*. Then came letters from others offering congratulations because ORAL HYGIENE had been "noticed" in such a big way by the most popular humorous paper in the country. One group said, "You ought to be mad!" and the other group said, "You ought to be glad!" When you get advice like that your normal confusion is just intensified. You don't know whether to laugh or cry.

Well, not long after, someone sent a copy of the *Nebraska Dental Journal* reproducing an article about ORAL HYGIENE that had appeared in the *Illinois Dental Journal*, a piece about our Health Insurance Poll. When you receive something like that you sit back and prepare to enjoy yourself reading what someone else has written about your accomplishments. But you sit up quick when you read that, while the objective of the poll was laudable, you were not competent to conduct it because, since your magazine depends upon advertising revenue for its existence, "it is not too much to assume that these advertisers could, if they so desired, influence the magazine with regard to policy." Of course, there's nothing new about that thought. Too, folks are entitled to their opinions and to free speech and free press.

But, a while later, you discover that the unsigned article was written by Dr. Harold Hillenbrand of Chicago, and you remember that he is editor of *The Dental Students' Magazine*, which, like ORAL HYGIENE, depends upon advertising revenue for its existence, and you wonder if he thought about that when he neglected to sign his article and you wonder, too, how he managed to figure it was all right and ethical to lurk in the dark of anonymity and kick at your shins when it would have been utterly impossible

for him to do so in broad daylight. For then dentists would have said, "But how can *you* be an honest writer and editor, Doctor Hillenbrand, if you believe that ORAL HYGIENE can't be honest and square because, like your own paper, it depends upon advertising revenue?"

It's all very confusing. And while you're still muttering about it mentally, in comes the new issue of the New York *Dental Outlook*, with more to bewilder you. You're attacked again—this time as a "betrayer of dentistry," no less. This article is signed, and the by-line looks familiar —Benjamin B. Kamrin, B.S., D.D.S.

Kamrin, Kamrin—you meditate—why, that's good old Ben Kamrin if it's the same one who had his name changed from Kaminsky. He was writing for us only last year—a *Dental Digest* article—and he wrote quite a bit for ORAL HYGIENE before that. You wonder why the big worry about ORAL HYGIENE after all these years.

You look in the files and find a letter from Ben "Dear Mass"-ing you about a job with Oral Hygiene Publications on *The Dental Digest.*

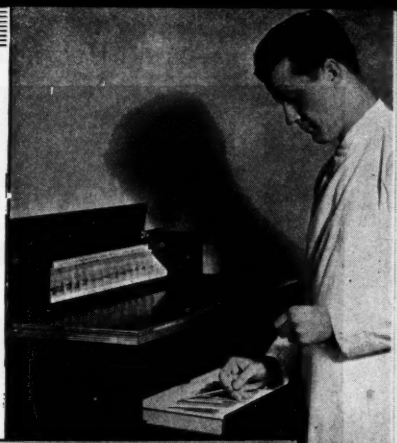
No job.

A good thing too that there wasn't, for then Ben would have become a betrayer of dentistry himself and that would be confusing for *both* of us.

But, like *The New Yorker*, maybe Harold and Ben were just having fun.

EVERY Convenience

At Your Fingertips



These two modern American Cabinets, No. 140 and No. 144, actually place every needed convenience "right at your fingertips" with a minimum of searching, reaching or bending.

Every factor in their design, and compact arrangement; every construction, and sanitary feature, was included to increase your capacity for more and better work—to eliminate fatigue and interruption.

Your patient will be quick to sense these advantages just as they will readily appreciate the classic beauty of line and finish which make these cabinets such an asset in the practice-building "appearance-value" of your operating room.

AMERICAN DENTAL CABINET No. 144

Modern American Dental Cabinets are described in detail in a new, beautifully illustrated Catalog-Manual. The coupon will bring you a copy.

AMERICAN CABINET CO., TWO RIVERS, WI

American

DENTAL CABINETS

O.H.-7-

Paste the coupon on a postcard, for one of these new American Catalog-Manuals.

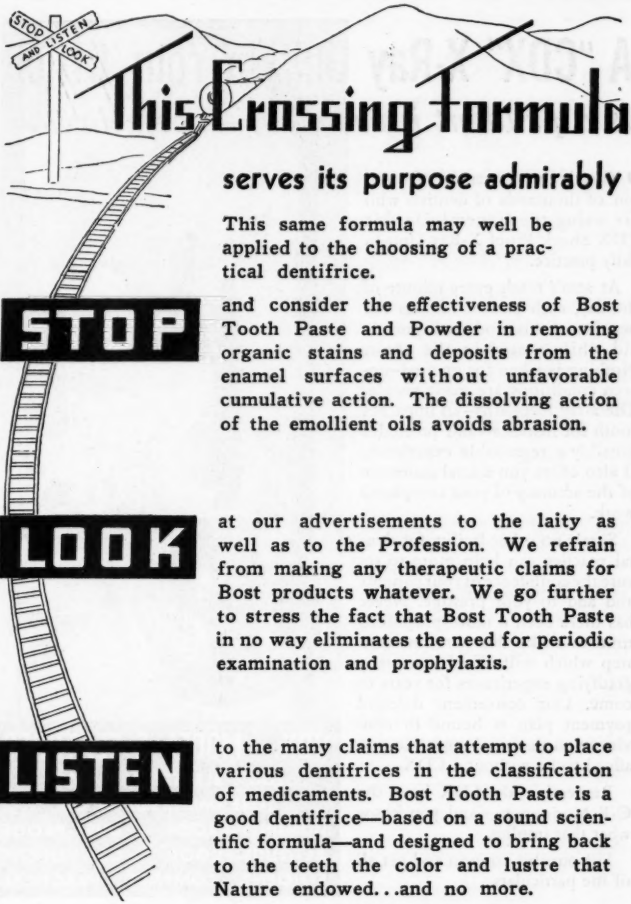
AMERICAN CABINET CO., Two Rivers, Wis.

Yes, put me on the list to receive one of the first copies of your new Catalog-Manual.

Dr. .....

Address .....

City ..... State .....



This Crossing Formula-

serves its purpose admirably

This same formula may well be applied to the choosing of a practical dentifrice.

STOP and consider the effectiveness of Bost Tooth Paste and Powder in removing organic stains and deposits from the enamel surfaces without unfavorable cumulative action. The dissolving action of the emollient oils avoids abrasion.

LOOK at our advertisements to the laity as well as to the Profession. We refrain from making any therapeutic claims for Bost products whatever. We go further to stress the fact that Bost Tooth Paste in no way eliminates the need for periodic examination and prophylaxis.

LISTEN to the many claims that attempt to place various dentifrices in the classification of medicaments. Bost Tooth Paste is a good dentifrice—based on a sound scientific formula—and designed to bring back to the teeth the color and lustre that Nature endowed...and no more.

BOST TOOTH PASTE

bases its dependence for professional support on the soundness of its product and policy.

TRY A SUPPLY AT OUR EXPENSE

BOST TOOTH PASTE CORPORATION
Grand Central Palace, New York City

A "CDX" X-Ray Unit in Your Office

is a prudent investment—not a luxury

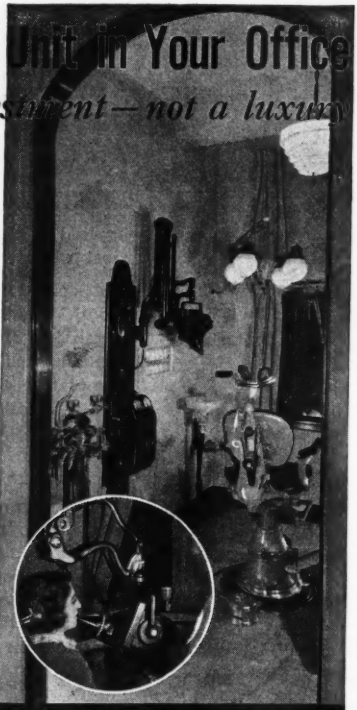
● That is the consensus of opinion of thousands of dentists who are using the General Electric CDX Shock Proof X-Ray Unit in daily practice.

At arm's reach every minute of the day, each patient obtains the benefits of this modern diagnostic aid while seated in the chair. Nothing is taken for granted—unseen conditions are made visible. The x-ray forewarns—an impacted tooth for instance—and precludes possibly a regrettable experience. It also offers you a final assurance of the accuracy of your completed work.

Surely no other facility for dental practice can help more to secure the confidence of your patients and add to your prestige. Never has there been a more propitious time to make this investment—a step which will afford you many gratifying experiences for years to come. Our convenient deferred payment plan is bound to convince you that no longer can you afford to be without a CDX.

Remember, the CDX bears the G-E Monogram—and you know what that implies.

Fill out this coupon and get all of the particulars.



CDX—MODEL E FEATURES

100% ELECTRICALLY SAFE
TUBE IMMERSED IN OIL
HUMIDITY-PROOF DUST-PROOF
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EFFICIENT COMPACT PRACTICAL

GENERAL ELECTRIC X-RAY CORPORATION

2012 JACKSON BLVD. *Dealers in Principal Cities* **CHICAGO, ILLINOIS**

Please send, without obligation, full information on the G-E CDX-Model E Dental X-Ray Unit to

Dr. _____

Address _____ *City* _____ D5

ORAL HYGIENE

Registered in U. S. Patent Office—Registered Trade Mark, Great Britain.

EDWARD J. RYAN, B.S., D.D.S., *Editor*
Rea Proctor McGee, D.D.S., M.D., *Editor Emeritus*

July, 1935 Volume 25, Number 7

MEMBER PERIODICAL PUBLISHERS INSTITUTE
MEMBER CONTROLLED CIRCULATION AUDIT

PUBLICATION OFFICE: 1005 Liberty Ave., Pittsburgh, Pa.

Merwin B. Massol, Publisher; J. J. Downes, R. C. Ketterer, W. Earle Craig, D.D.S., Associates. Telephone Atlantic 4670.

CHICAGO: Peoples Gas Bldg.; W. B. Conant, Vice-President and Western Manager, Telephone, Harrison 8448.

NEW YORK: 18 East 48th St.; Stuart M. Stanley, Vice-President and Eastern Manager. Telephone, Wickersham 2-1744.

ST. LOUIS: Syndicate Trust Bldg.; A. D. McKinney, Southern Manager. Telephone, Garfield 0043.

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HEALTH INSURANCE MEASURES

Introduced in

CALIFORNIA LEGISLATURE

By ROY A. GREEN, D.D.S.

THE expected health insurance threat has reached California in the form of two measures, Senate Bill 454 and Assembly Bill 1097, which have been introduced into the state legislature. A short resumé of past history may serve to clarify this subject and show the developments leading up to the current legislation.

At the close of the California legislative session in 1933, the Senate passed a resolution to investigate the necessity for health insurance; to recommend the type required; and to appoint a committee of three Senators to carry on this study. As no funds were provided for it, the first meeting of the Senate Interim Committee was not held until December 14 and 15, 1934, in San Francisco. This meeting was in the form of a public hearing. Dentistry was represented at this hearing, and a statement was made that dentistry was "an important, necessary, and indispensable division of health service, being practiced entirely by members of the dental profession, and that any plan of health insurance would be satisfactory only in proportion to the amount of dental service included."

The California Medical Association assisted by the Emergency Relief Administration and the Dental Associations instituted a Medical Economic Survey. Although this Survey was not complete, statistics have been published which were compiled from these figures. The California Medical Association at a meeting of its House of Delegates in March, 1935, passed a resolution "recommending that legislation be proposed seeking to establish a health insurance system mandatory as to certain population groups and voluntary as to other population groups" and recommending that a committee of six be appointed to aid and cooperate with the Senate

In California, as is well known, a greater number of bills relating to medical and dental care are introduced each year than in any other state. Doctor Roy A. Green, who is Chairman of the Dental Legislative Committee, has had wide experience in promoting this medical and dental health legislation, especially that relating to the Dental Practice Act. He has always worked in close cooperation with the Medical Legislative Committee, at times substituting for the Chairman. Doctor Green has also made an extensive study of the national aspects of the trend toward Compulsory Health Insurance, and was one of the members of the Dental Advisory Committee to the President's Committee on Social Security.

Interim Committee in preparing a suitable legislative measure.

Following the California Medical Association meeting, a joint meeting of the Councils of the California State Dental Association and the Southern California Dental Association was held in San Francisco. At this time a resolution was adopted similar to the one passed by the California Medical Association, providing for "free choice of dentist and that the dental profession shall determine the scope, extent, standards. quality, compensation paid for, and all other matters and things related to the dental services." A committee of six was also appointed by the Dental Associations. Other basic principles were involved for dentistry in any proposed health insurance plan: that adequate dental representation be provided on any health insurance commission or board; that primary dental benefits be specified in the act; that additional dental benefits be allowed when funds were available and the type of dental restoration be designated by the dentist and beneficiary. It was believed that, unless dentistry was properly incorporated into a health insurance measure, time would be the only determining element when all oral surgery would be performed by physicians and operative and prosthetic dentistry performed by dentists acting as mere mechanics.

SENATE BILL 454

The result of these resolutions passed by both the Medical and Dental Associations

(*Continued on page* 981)

The Experiences of

DOCTOR SIMPLE

By C. M. QUILLEN, D.D.S.

DOCTOR Simple chuckled exultantly as he stepped into his laboratory, right after giving a mandibular injection. He paused here, incidentally lighting a cigarette, and through the open door watched Miss White, his capable assistant, pick out the right forceps to extract this lower molar tooth. He smiled at her, too, while he waited for the anesthesia to do its work in this acutely disturbed patient's jaw.

"Hit it right on the dot!" He spoke effusively between nonchalant puffs on his cigarette.

"That's fine," Miss White smiled. She was glad that they wouldn't have any trouble with Mrs. Blue and her aching tooth as she had appeared rather nervous this morning and Mrs. Blue was a good patient. Miss White looked at Doctor Simple now, and his confidence restored her poise and self-possession.

Then too, Doctor Simple could certainly pull teeth.

"Just a flip and it's out," he said. "Her jaw will be dead as a door nail in no time at all."

With this he flipped his cigarette into the sink as nonchalantly as he had smoked it.

Miss White now smiled pleasantly again.

"You've been having mighty fine luck with extractions lately," she complimented him.

"Sure," he grinned. "How could a tooth resist me?"

Then he grinned again.

"I don't see why a little thing like pulling a tooth should give a fellow much trouble." He spoke convincingly and with a certainty in his tone that the secret, if any, concerning extractions was to him an open book.

Apparently, too, he did know what he was talking about in this certain assured manner he assumed in his conversation with Mrs. Blue.

He smiled as she leaned back apparently relieved and resigned in the chair when he brought forth this full psychological flow of professional mannerisms and soothing words to lull

to sleep an apprehensive mind.

He felt that he was at his best this morning, and glowingly smiled at Mrs. Blue.

"Now." He chuckled. He was just about ready to begin after tentatively exploring around down there in Mrs. Blue's jaw.

"Just a little flip of the wrist," he said nonchalantly, "and out goes the tooth. Just like that—" He snapped his fingers.

And in appearance it looked just like that—just a tooth in a row of teeth in its insecure stronghold down there, easily accessible and easy to extract.

It was also a nice place for a bridge, and he smiled secretly this time to himself.

"It won't keep you awake any more nights," he spoke consolingly, "and about next Tuesday morning we can start making you a bridge."

"I want a bridge soon," Mrs. Blue said.

"Well! Well! We'll just flip out the tooth now and grind down the teeth this morning. There won't be any pain while the jaw is dead and we'll just grind them down."

Then he suddenly nodded.

"All right." Mrs. Blue agreed. And he reached back for Miss White to slip him the forceps.

This too was a clever trick, keeping these forceps concealed and away from the patient's distressed sight until the minute he was ready to use them.

He applied the forceps to the tooth now, dexterously and almost gleefully. He gave the necessary turn and twist and flip—

Funny, how a jolt will strike a person and how the shock of it feels. Doctor Simple felt that this particular blow first struck him on the top of his head, but his big toe ached with it too. He remembered vividly that he flexed this intensely suffering member with impromptu suddenness at the startlingly, vibrating pain of it and that he idiotically stared downward at the narrow pointed tips of his shoes for a long moment of doubt. They surprised him and he clearly remembered that he blinked his astounded eyes at them. They were big feet and such astonishingly long feet, reaching almost across the rubber mat to the base of his chair.

"I knew it would break off," he said.

"What!" cried Mrs. Blue, coming out of her daze. "My! My! My! she moaned frantically. Doctor Brown broke off one for me one time. He worked an hour and I suffered like everything. Doctor Green finally took the roots out later—"

"Now, now," Doctor Simple spoke hopefully. I'll get my elevators and lift out the roots. We can soon dig them out."

And hopefully he dug in then, with these. He worked an hour.

The roots looked innocent enough down there beneath the pond of saliva and blood; that is, what he could see of them from time to time as he swabbed the socket out and twisted and turned, and sweated and tugged, until it finally dawned upon him that there must be something wrong somewhere.

"I declare, I don't know what's the matter," he confessed morosely at last to Mrs. Blue. "I believe I'll take a picture of it."

The picture revealed it, and, astonishingly too, he was seen to grow more cheerful as he viewed the roentgenogram under the light.

"Sure," he said pleasantly. "I knew it all the time. See, Mrs. Blue," he pointed these roots out to her skeptical eyes. "They've got knots on them and we'll just have to dig them out."

An hour and ten minutes later he was successful in his digging enterprise. At nine minutes after the hour the mesial root popped up to the light and he felt a cheerful and glowing warmth suddenly diffusing him.

"We'll have the other one out in a jiffy now," he consoled her exultantly. "It's hurting, I know, but we'll soon pop 'er out of there."

And he did. He popped 'er out of there and it, of course, pleased him mightily. Curiously, too, he looked down at his big toe again, but it wasn't hurting him and hence it didn't linger in his mind.

"Now, Miss White," he spoke happily to his assistant, "give Mrs. Blue an appointment for the bridge. Meant to grind down the teeth this morning but guess I won't now." He paused a moment here for another sagacious nod of his head as he smiled at Mrs. Blue.

"About next Wednesday morning at ten o'clock," he said then.

"I surely did the lady a good service," he told Miss White proudly, after Mrs. Blue had left. "She would have had about forty cat and dog fits if we hadn't gotten those roots out."

"That's a tooth what am a tooth," he laughed, also proudly, as he turned these two harmless appearing small tip ends over with their inconsequential looking knots, and looked at the other side of them.

Wednesday morning and ten o'clock. At ten minutes after ten Doctor Simple stuck his head out of his laboratory.

"Thought I heard the buzzer—"

He smoked another cigarette. It wasn't the buzzer.

At 10:20 he walked out through his vacant reception room. He came back into the office.

"That Mrs. Blue is a little late this morning."

"Yes, she is," said Miss White uneasily.

He frowned at 10:30. He straightened out the magazines this time as he walked through his reception room.

"Did Mrs. Blue call up or anything?" he asked Miss White in the office.

"No, she didn't," answered Miss White, positively.

"Probably her jaw is sore yet." Doctor Simple spoke thoughtfully. "She'll be in later."

He brightened. "A good patient and I don't want to lose her." He paused a moment. "She'll be back," he said hopefully.

Six months passed and Doctor Simple almost forgot this incident. It would slip his mind eventually. No doubt he would have forgotten it entirely if he hadn't run into Mrs. Blue at this bridge party.

They were getting along fine. Mrs. Blue was a good bridge player and she and Doctor Simple were partners. They progressed to the next table with a good score, but Doctor Simple suddenly felt gloomy.

Mrs. Blue had laughed heartily at something old Mr. Taylor had told her. She showed a good many teeth, too, on this particular instant and showed the gap where he had lifted out a lower molar.

But it wasn't a gap any longer. It was spanned by a shiny yellow substance which looked like gold to Doctor Simple.

Reynolds Arcade Building
Bristol, Virginia

FRAUD WARNING

Doctor P. L. Russell, Hagerstown, Maryland, sends the following letter and asks that it be published as a warning to ORAL HYGIENE readers:

"About three weeks ago a woman visited my office representing Maid-Rite Uniform Company, 3717 Monmouth, Ohio. She had catalogues for very attractive uniforms for nurses, showed samples of materials, and took exact measurements. The uniforms were to be sent in ten days. She collected either all or part payment.

"This woman was dark, middle-aged, heavily built, of medium height, and her front teeth were in bad condition.

"Our assistants gave orders and, after more than two weeks, became suspicious and wrote a letter to the company. The letter was returned marked "No such locality."

"I shall be very glad if you will publish this in ORAL HYGIENE so that others may profit by it and maybe help to find the culprit."

THE MEDICAL AND DENTAL BUREAU OF INDIANAPOLIS

By SETH W. SHIELDS, D.D.S.

APRIL 23, 1935, I entered the well arranged offices of the Medical and Dental Business Bureau of Indianapolis, Indiana, with three blank sheets of paper, one pencil, one empty fountain pen, thirty minutes to spend and a pre-arranged appointment. Six hours and forty minutes later —my three original sheets and seven additional ones well covered with penciled and borrowed ink notes—I left. Here are a few of the facts I jotted down about this highly successful organization.

Early in 1934 Mr. L. B. McCracken, president; R. R. Scheidler, now secretary and treasurer; and W. T. Waits, vice-president, organized the Medical and Dental Business Bureau in Indianapolis.

Fully aware of what marvelous financiers, expert accountants, and level-headed business men physicians and dentists—are *not*, these three men started an enterprise whose purpose was to liquidate old accounts for members of the two professions; modestly beginning with two physicians and several old, previously worked, disputed, poverty stricken, and skipped accounts. Their clients became four, then eight, and gradually a thriving business developed. Their reputation for common sense methods and the sweet taste they left in the patient's mouth, after relieving him of his thought-to-be uncollectable, yet recently collected account, soon became the chief topic of

Officers and staff of the Medical and Dental Business Bureau of Indianapolis.

FIG. 1—*Clippings from news stories on the Medical and Dental Business Bureau of Indianapolis.*

conversation at the now economic minded medical and dental meetings.

The Indianapolis Medical and the Indianapolis Dental Societies became sufficiently interested to ask the Bureau to submit ideas and plans to a joint committee, known as the Credit and Collection Committee, relative to forming an organization to protect the financial interests of professional credit in Indianapolis that was then so abused. After the usual amount of oral sparring necessary to initiate such a project, a ten page agreement was drawn up and signed by Mr. McCracken and Mr. Scheidler and the presidents and secretaries of the two societies. Wishing to have a strictly ethical and well governed Bureau, Mr. McCracken and his associates refused to handle the organization alone. At their suggestion an Advisory Committee was created. Two physicians and one dentist were appointed because at that time the membership consisted approximately of two physicians to one dentist. The Committee now is composed of William E. Gabe, M.D., chairman; H. W. Mason, D.D.S., and Henry F. Nolting, M. D. February 21, 1934, the Medical and Dental Business Bureau was ready for action!

The first year in business the gross receipts were in excess of $23,000.00. In the single month of March of this year the sum of $4,000.00 was collected. The Bureau is well on the way up and here's the way it's done:

Any member of the Indian-

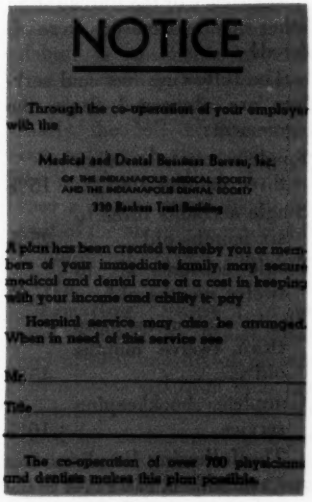
apolis Medical Society or the Indianapolis Dental Society automatically becomes a member of the Medical and Dental Business Bureau. The necessary expense to make this possible was cared for by the two societies. It was surprising to me, however, to learn that so many eligible members were not taking advantage of the services offered by the Bureau; and, moreover, to discover that, proportionally, many more physicians were active than were dentists. On the other hand, there is little doubt that the nationally-talked-about spectacular increase in membership of the Dental Society was accomplished with the help of the advantages of membership in the Bureau—offered gratis.

Many letters from dental friends, in my files, state that they are well satisfied with the organization, but that they believe the possibilities to be unlimited, if one hundred per cent cooperation is obtained.

Office Placards: Placards, proclaiming that the physician or dentist is a member and practicing under the protection of the Bureau, are furnished free and are prominently posted in the member's offices. Front page write-ups and detailed editorials in Indianapolis newspapers have given most laymen enough information for them to know what this means!

In addition to these notices, placards (*Fig. 2*) are strategically posted in the industrial plants of the city and have been explained in detail to the employees. Personnel managers are not infrequent visitors to the Bureau's offices. The Bureau has convinced industrial managers of the value of healthy employees through the services of the Bureau.

Credit Reports: Any member may call the Bureau by telephone for a verbal credit risk report on any patient or prospective patient, and on proper identification will receive free of charge from the Bureau such credit information as the files contain. The information thus


NOTICE

Through the co-operation of your employer with the

Medical and Dental Business Bureau, Inc.
OF THE INDIANAPOLIS MEDICAL SOCIETY AND THE INDIANAPOLIS DENTAL SOCIETY
310 Reuben Test Building

A plan has been created whereby you or members of your immediate family may secure medical and dental care at a cost in keeping with your income and ability to pay.

Hospital service may also be arranged. When in need of this service see

Mr. _____

Title _____

The co-operation of over 700 physicians and dentists makes this plan possible.

FIG. 2

obtained is to be strictly confidential and not to be revealed by or through any member of the Society to any other person.

This service has revealed some interesting stories. One man was found to owe forty-one physicians a fee of two dollars each. Several persons were found who owed accounts of long standing to many different physicians and dentists. In time, the people of Indianapolis will learn that professional credit cannot be abused, and that a sudden illness might go unattended—or be cared for by charity—if some arrangements are not made to liquidate obligations of this type. Just another reason why full cooperation is desired and reason enough for the existence of the Bureau if no other excellent reasons were offered!

The following fees and services are abstracted from the agreement:

Single accounts less than three months old	15%
Single accounts three to six months old	25%
Single accounts six to twelve months old	33⅓%
Single accounts more than twelve months old	45%
Complete bookkeeping service	10%

The following listed services are available at extra cost to the member:

Character Credit Reports (24 Hour Service): A detailed report absolutely confidential to all parties, containing information as to the personal habits, business relationships, financial condition, general standing in the community, reputation for honesty and integrity and a credit report concerning persons about whom such report is requested in writing. For this a charge of $1.50 is made. "Detailed," although the strongest word that we have in this case, seems a mild one to describe this service.

Any professional man may ask a patient—and many of us do—what his or her income is. The income virtually means nothing! The question is, "How is that income disposed of?" How many electrical appliances such as radios, washing machines, electric sweepers, and ice box substitutes are being purchased in eighteen easy payments? How promptly are these payments met? How far in arrears are these payments? How much is the rent? How large are the payments on the home? The car? How about the insurance? How many mouths are to be fed? How many relatives are out of work? How certain is the job?

I don't believe that many dentists ever have bothered themselves to give much thought to the foregoing questions, yet any bank, from which you might

wish to borrow money, and the Business Bureau consider the information very important.

I heard some criticism about this matter. A dentist told me that he thought the Bureau attempted to set the fees for the profession. In no way do they attempt any such thing! The information furnished by this service may be used by the dentist, if he wishes, as a rule and guide to approximate the amount that he feels the patient is able to pay.

Delinquent Debtors' Report (24 Hour Service): This includes a written statement concerning collection possibilities, including a list of property owned, income, occupation, or business of any certain debtor when such information is requested in writing. The charge is $1.50.

The managers of the Bureau, efficient as they are, have not lost sight of the hackneyed admonition: "You can't get blood from a turnip." A dollar and a half spent on an account of any size is money well invested. It's very much like an x-ray of a tooth—worth the fee either way, whether the tooth is infected or sound!

Correct Mailing Address: A statement of the then correct mailing address of any member's former patient will be furnished on request, if possible. The fee for this service, if address is furnished, is 50 cents.

Adjusting Accounts: Of all valuable services the foregoing is among the most important. Many times a professional obligation remains unpaid because of some complaint which is never mentioned to the dentist or physician by the patient. In cases such as these the Bureau has proved itself to be a tactful diplomat in adjusting the account to the mutual satisfaction of all parties concerned and in bringing about a settlement—as we have said before—succeeded in making a more appreciative, understanding client out of the patient and closing the account for the dentist.

In order to render an adjustment, all facts concerning the account are ascertained as viewed by the creditor and debtor; a reasonable investigation concerning any controversy involved is made; and eventually the bill is discounted, but only with the consent of the member involved. In each case a charge equal to 10 per cent of the amount is made with a minimum service charge of $3.00.

Locating "Skips": A report is made on the location and present address of persons having removed from their last known address. When the request for such report is made in writing, the charge for each case in which the skip is located is $2.00.

Law Suits To Collect: The Bureau will not file suit to collect on any account unless first directed to do so by the member.

The Bureau does not file suit under its name, and all matters of this type are handled by a third party. Moreover, suit seldom is filed. Unless a patient attempts to give the Bureau the complete run around a last round-up never is instigated.

Financial Settlement: Settlement between the Bureau and the member is made from the first to the tenth of each month. This rule is routine with the Bureau. Their books are balanced every day—their bills paid every month. All accounts less than a dollar are paid in postage stamps, and I saw one entry of thirteen cents in stamps sent to a physician. But alas and alack! A surprise of surprises was found in these records! This matter of paying off on the day due is not considered so important by some of the members.

Every attempt is made by the Bureau to preserve the relationship between the patient and his physician or dentist and many patients pay the man who did their work even though the account is in the Bureau's hands. Then when the first to the tenth rolls around the member fails to settle as he would naturally demand that the Bureau do. I observed several members' names who were behind as much as three months on accounts like these. It seems that the Bureau has to, in some cases, collect from the patient and member as well and use sterner tactics with the member than those used on the patient!

Corporate Surety Bond: The Bureau is required to furnish a corporate surety bond as a guarantee of honest and upright dealing. The medical and dental members are required to furnish surety—well, as we have said, some of the boys are behind three months on money they have collected—only by placing the account in the Bureau's hands! The members furnish nothing in the way of security except their good name and reputation.

Advisory Committee: In order to maintain a correct professional and ethical relationship it was agreed that any and all records held by the Bureau should be available to an Advisory Committee made up of two physicians and one dentist, the names of whom have heretofore been mentioned. The members of this Committee attend all the meetings of the board of directors.

Net Profits: At the end of each fiscal year it was agreed that 25 per cent of the net profits of the collection department of the Bureau should be paid by the Bureau to the two socie-

ties in proportion to the whole number of members of each group who should have used the Bureau in the collection of their accounts.

Period of Agreement: The agreement is for a two year period and after that until terminated by a ninety day notice by either party.

Industry in this city has accepted the challenge so strongly that the Bureau is just a little frightened at the total lack of criticism.

To Summarize: The purpose of this Bureau is threefold: financial, personal and educational. In a financial way it is known that a great many individuals and families are seriously in need of medical and dental attention today but are compelled to defer this necessity because of the lack of ready cash, although they may be self-supporting. After proper investigation by the Bureau, arrangements may be made for the payment of these services on terms within their income.

Suitable arrangements have been made for liquidating past due accounts owed to members, regardless of the amount or the period of arrears. I know of the case of a prominent Indianapolis business man, who paid a dental bill dating back to 1923. Prominent men don't like to have every physician and dentist in town know that they would let a professional obligation run so long.

Past due accounts are consolidated with new or current accounts owed to either the same or different members, and a plan is arranged in keeping with the income and prorating of the payments. In all cases the patient is asked what he can pay and not told what he must pay. With but extremely few exceptions—using the financial statement as a guide—his terms are accepted!

In a personal way the Bureau assists in adjusting differences, disputes or misunderstandings, and in making investigations.

A complete credit file is being built and maintained which covers the manner in which medical, dental, and hospital bills are paid; in ascertaining the conditions and circumstances surrounding those now in need of professional services; in recording the attitude, attention, and honest effort made by delinquent debtors in paying their past due obligations and verifying the cause for delinquency.

In an educational manner the Bureau assists in safeguarding the public against unethical and unreliable professional services by means of educational programs through the cooperation of firms, industries, civic and educational organizations and in promoting a bet-

ter understanding between the public and the professions.

These short case reports may be of value from a practical point of view:

CASE I

Mr. M., entered the Bureau's office —badly frightened. His wife was dead, the undertaker demanding money, the hospital threatening suit; and he had two large physician's bills to meet.

As a matter of service the Bureau handled the undertaker's bill—against their rules—and took care of the physician's and hospital's bills.

The man was working for a moderate wage, told the truth when making out the financial statement (so the investigation disclosed) and arrangements were made to the satisfaction of all concerned.

CASE II

Mr. A., an old faithful employee of —— ——— Company, of Indianapolis, was seemingly grieving himself to death. His work was being slighted, so his employer investigated and reported to the personnel manager.

The information obtained disclosed that Mr. A. owed about $400 for medical services, some of which extended back to 1928. This particular manager, well acquainted with the Bureau, referred the case to Mr. McCracken. Mr. A. had in the meantime received a summons to appear in court. The hospital had sued!

To make a long story short some of the older accounts were discounted with the Bureau acting as the "advisor." The Company advanced the money to pay all obligations; the suit was dropped; Mr. A. is now a much more valuable employee.

CASE III

Little need be said about this one. A woman, faced with the prospect of having all members of the Bureau informed that she would not pay her dental bill (her financial statement showed that every surplus penny of her income was spent "on payments") returned her electric refrigerator, meets her payments to the Bureau promptly, and likes it!

CASE IV

The Bureau refused to accept Mr. B's proposal of payments on seventy-five dollars worth of bridge work. Upon returning to his dentist Mr. B. was informed that the Bureau operated for huge profits and that if it was all right the dentist would just handle the financing of the work himself.

That was eight months ago. To date the patient has his bridge, the dentist has eight dollars worth of old gold removed from the mouth at the start of the bridge, no deposit, none of his promised payments; and the Bureau has a clean conscience.

The financial statement is so well thought of that the Bureau is the only organization in Indianapolis that can refer a person to the City Hospital and have him admitted without further investigation.

In this article an attempt has been made by the author (who doesn't live in Indianapolis and who never has used the Bureau) to integrate his opinions with those of the Bureau, the dentist, the patient, the physician, the personnel manager, and the hospital head. I will not attempt to predict the ultimate heights of success to which this Bureau will climb, but at the present—well, they're getting along.

Darlington, Indiana

THE TEETH AND WARTIME EFFICIENCY

By Louis Ottofy, D.D.S., M.D.

An interesting feature of preparations for war is the attention given to the condition of the teeth. Dentists know that an unhealthy condition of the mouth and teeth has an important bearing on the general well being and fitness of any person and may at times lead to serious consequences. This subject is, therefore, of major importance to the units that make up the armies of the nations, because it is essential that every man connected with war service should be keyed to the utmost efficiency at all times.

It was in Germany that the initial efforts were made to take care of the teeth of the mass of the people. The late Doctor Ernst Jessen of Strassburg established in 1880 free dental clinics in the public schools of that city. Subsequently similar clinics were established all over Germany. Like facilities are now also provided for the growing generation in many countries, including our own. It is, of course, impossible to determine exactly to what extent the restoring of people's teeth to a normal, healthy condition affected those who later were called to serve as soldiers; but it is indisputable that the German troops consisted of an admirable and well functioning body of men at the time of the outbreak of the late war.

When I went to Japan thirty-seven years ago to practice dentistry, there was only one mediocre dental school in existence. A few of the then practicing Japanese dentists were educated in the United States. Japan, as is well known, patterned her military establishment on the German model. The care of the mouth and teeth now receives marked attention, and when I was last in Japan fourteen years ago, there were ten well equipped dental colleges and the number of dentists in proportion to the population has increased enormously. Dental clinics were established all over the country, and ample facilities were provided to place in good condition the

teeth of the people. By courtesy of the dentists of Tokyo, I was taken around the city one day to observe the manner of instructing the people on this topic; it being considered so important. Certain street corners had been designated where instruction was to be given. A group of dentists in an auto stopped at one of these designated places, and after a crowd had assembled, showed how the teeth should be brushed, and gave additional necessary advice. All day long many auto loads of dentists gave similar instruction all over the city. Is it possible that this has a bearing on the admitted efficiency of the Japanese soldiers?

In Russia dental service has been socialized, and much serious attention is given to the subject of healthy mouths and sound teeth. Evidently that country is fully aware of this phase of preparing men for efficient military service. Russia may have been influenced by the course of her neighbors —East and West.

When we entered the war, a great many men were rejected on account of the bad condition of the teeth. The dental corps of the army was too small to care properly for the teeth of the troops, and many dentists had to be impressed into the corps to render a none too adequate service in the field. At present, with the efforts that are being made to improve the mental and physical welfare of our people, it may not be amiss to accelerate our efforts to secure a healthy condition of the mouth and the teeth. We are not preparing for war, but we are preparing for adequate defense.

175 Vernon Terrace
Oakland, California

UNABLE TO LOCATE DIRECT DENTAL SALES CO.

An ORAL HYGIENE reader has inquired about the Direct Dental Sales Co., Commonwealth Building, Pittsburgh, Pennsylvania, who had offered dental cement by mail, requiring cash in advance. ORAL HYGIENE has been unable to locate the firm at the address given; the Commonwealth Building renting agents stated that the Direct Dental Sales Co. were unknown to them.

The Pittsburgh postoffice admits receiving mail for the company, but declines to tell where it is delivered, due to a rule forbidding furnishing such information. The concern appears to be operating in violation of Pennsylvania law which requires either incorporation, or registration of fictitious title. Neither law had been complied with at this writing.

Further Reflections on

SURGERY IN FINANCE

By JOHN W. SCHAEFLE

PART II

THOSE investors who, out of the glow of the golden age of a conquered business cycle, do not find among their souvenirs a few corporation bonds are indeed fortunate; for corporation bonds, when the country was said to be in a period when "business was fundamentally sound," were being made with a sort of reckless abandon. I assume that many dentists were likewise caught with unwanted bonds. The market during those days seemed to be inexhaustible. Loans made in the morning were oversubscribed by four o'clock in the afternoon—which is not the fiction of a hindsighted worker in the financial marts. Ground was being acquired, buildings built, apartments rented from blue prints, factory additions constructed, subdivisions laid out—all with the fixed notion that things were going on forever without a day of reckoning. Now all of these developments and expansions and growths had to be paid for with money, and money was for the most part secured from the sale of bonds. Where money was not borrowed by an individual, it was borrowed by a corporation and so when Congress sought means of relieving distressed individual borrowers through the agency of Section 74, it did not stop without having written in the Federal Bankruptcy Act another amendment, currently known as Section 77-B.

Ordinary bankruptcy would have provided a ruthless means of settling the affairs of a debtor corporation; so ruthless, in fact, that having set out with the intent of performing an operation, the procedure generally resulted in an autopsy. For few creditors realized anything once the corporation passed through the bitter ordeal. Under 77-B, however, the possibility exists for reorganization through the use of a pulmotor; thus prolonging the life of the enterprise with the end of the trail finding the first-

line creditors quite well taken care of considering the circumstances.

So popular did the amendment prove that in a single year of its existence 510 petitions were filed in Chicago alone under 77-B. Building corporations held a majority with 254 cases. The next most numerous were hotels with 51; mercantile establishments, 49; industrial concerns, 37; 16 utilities and 17 realty trusts. These cases cover a wide range of human activity and enterprise. Among the cases noted in the Federal Courts in Chicago were theaters, safe deposit companies, clubs, warehouses, Century of Progress villages, restaurants, laundries, publishing concerns, garages, a church, a hospital, a casket company, and a cemetery. To which one might humorously remark that the list winds up in a truly logical fashion.

So, since the majority of the cases in the courts have to do with building corporations, and since hundreds of thousands of investors are anxiously awaiting word as to the ultimate value of the paper they at one time bought, I have felt that a discussion of Section 77-B in the light of the building corporation would not be amiss. At the outset of my consideration of this article I had in mind disclosing to the reader a few of the practices which were apparent in the "good old days." These had to do with the acquiring of land at a small cost, and its reappraisal for circular and prospectus purposes; the borrowing of money on a first mortgage bond issue; the borrowing of further money on second mortgage notes; the issuance of stock to raise more money for the promotors; and, finally, in a few instances the issuance and sale of debentures. For example, in a recent Chicago case under 77-B there was a first mortgage of approximately $1,500,000.00; a second of several hundred thousand; capital stock had been issued; a bank loan of sizeable proportions had been made—the total money borrowed amounting to more than $2,000,000.00. Findings disclosed at the hearing under the petition indicated that the cost of the building completed was approximately $1,100,000.00. Its appraised value today is approximately $850,000.00, while its cash value in today's market is only about $520,000.00. But having considered the reader's feelings—assuming that he may hold certain corporation bonds of a similar nature—the author will pass over the halcyon days with the briefest kind of mention and hurry on to a consideration of 77-B.

A debtor corporation may file a voluntary petition under 77-B, or any three or more of

a group of creditors having claims aggregating $1000.00 in excess of the value of their security, if any, may file an involuntary petition. This petition having been filed, the Court must first determine whether or not the petition was filed in good faith. The matter of good faith, as discussed in the previous article on Section 74, holds also in the case of 77-B. Good faith as currently defined in the Courts means that a reasonable possibility exists for working out a plan of reorganization. The next most important consideration has to do with the solvency of the corporation. In other words, having secured proofs of claim from the various classes of creditors ranging from first mortgage bondholders to junior creditors, these obligations are considered in the light of the earning possibilities of the building and its appraised value and thus the solvency of the corporation can be readily determined.

If the corporation is solvent; that is, if there is sufficient income to work out a reasonable plan of reorganization involving all classes of creditors, and only a readjustment of interest is necessary, then the plan will consider all classes of creditors. If, on the other hand, it is determined that the corporation is insolvent and that there is an appraised valuation of the property and resultant income far less than would be sufficient to satisfy all classes of creditors at any future time, the interests of the stockholders may, forthwith, be disregarded. In the instance mentioned in a previous paragraph, where the actual cost of the building was less than the amount of the first mortgage and where the appraised value of the property was scarcely more than 50 per cent of the amount of the first mortgage, certainly second mortgage holders, stockholders, and others would deserve slight consideration.

The Act provides wide jurisdictional powers to the Court. In fact, one of the outstanding features of the Section is the extent of the discretion of the District Judge. He may decide whether the petition has been filed in good faith; as to the disposal of the claims of the various classes of creditors, and to what extent each class deserves protection under the petition. He may direct the rejection of executory contracts or unexpired leases which may not be beneficial; determine the future rent claims on assignment and whatever consideration may be paid therefor; pass judgment upon depositary agreements, trust indentures, and other instruments affecting any creditor; may enforce accountings; may restrain the exercise of any powers which

may be found to be unfair or not consistent with public policies; determine whether or not a trustee shall be appointed or whether the debtor corporation shall remain in possession; shall have power to determine the time and manner of filing claims and the classification of claims; fix a time for the presentation of the plan; determine the reimbursements to be paid for counsel and other services; enjoin suits and, finally, confirm a plan which, in the opinion of the Court, is satisfactory, and which is approved by two thirds in amount of each class of creditors whose claims have been allowed and who would be affected by the plan. All creditors are entitled to a notice of the time for filing claims and the classification thereof and of all hearings for the consideration of any proposed plan and the allowance of fees and expenses.

On the basis of the example previously stated, where the appraised valuation is little more than 50 per cent of the original first mortgage bond issue, and in the light of the foregoing discretionary powers of the District Judge, it can be seen readily why all junior creditors were disregarded in the framing of a plan. In this case the Court determined that it was fair and equitable that all of the debtor's property and assets be transferred and assigned to a liquidating trustee for the sole benefit of the first mortgage bondholders; subject only to outstanding real estate taxes and the costs, fees, and expenses incurred and allowed in connection with the case, but free and clear of all other liens and encumbrances, reserving only the right to the junior bondholders and other creditors or stockholders to recapture and redeem the property at any time within two years by paying in cash to the trustee the appraised value of the property; namely, approximately $850,000.00 with 5 per cent per annum thereon.

The significant fact to be considered by the holders of corporation first mortgage bonds is that they are under 77-B entitled to first consideration and we assume that the readers of this article are, for the most part, holders of such bonds rather than being stockholders or holders of junior securities. It should be remembered that, when the appraised valuation is sufficient to justify the conclusion that the property has a potential value that will allow something for the junior interests, they should participate proportionately in any plan of reorganization worked out.

The bondholder who is called upon to consider the acceptance or rejection of the plan in the light of his own participation

in the issue should first of all have clearly in mind the exact amount of the claims of various classes of creditors. In other words, he should know the amount in outstanding first mortgage bonds; the amount, if any, of junior liens and amount of stock outstanding, and the amount of such other claims as may exist. Next he should have a rather clear idea of the type of property securing the debt. He should know its gross income and its operating expense. He should know what, if any, tax indebtedness is still outstanding. He should have a fair and unbiased appraisal of the property. While it is not necessary to his immediate purpose, it might be interesting to know what the fair cash value of the property would be in the event of an enforced sale. The mere setting down of these figures on paper will indicate the evolution of the plan, which must ultimately result because, above all, plans of reorganization under Section 77-B should be reasonable and have their foundation in fact. Had the same thing been true when such issues were originally contemplated and made the depression might not have been so severe, at least in the case of real estate.

The advantages of reorganization under Section 77-B as against federal bankruptcy under the old act is that under this Section it is no longer necessary to settle in cash the claims of dissenting minorities. In other words, if two-thirds of the creditors are agreed to a plan it can be confirmed by the Court and the minority are enforced to compliance.

The Court under 77-B is given full jurisdiction in the determination of the fairness of a reorganization plan. The Court can at all times protect real parties in interest by calling for all of the facts which may be contained in previous depositary agreements which may contain unfair provisions. The action of bondholders' committees are at all times subject to the security of the Court and their dealings with security holders can be brought to light. The Court has complete control over the expenses attendant to reorganization. Fees and expenses may be limited by the Court so as to save the creditors, as well as the debtor corporation, from undue claims. Under Section 77-B the Federal Court has the power to enjoin any suits or other action which may be brought in a court of any other jurisdiction.

The holder of first mortgage gold bonds issued by a corporation who finds that his bonds are to be reorganized under Section 77-B may be assured of fair and reasonable treatment. Before 77-B was passed,

dozens of reorganization plans were considered and in many cases adopted which did not and could not work to the best interest of the first mortgage holders. Naturally the claims of all classes of creditors had to be considered under former reorganization plans and when these claims aggregated an amount far in excess of the present value of the property it can readily be seen that plans so adopted would be doomed to failure. Section 77-B provides the machinery for the elimination of junior interest where that is deemed necessary and offers to first mortgage holders the first logical, unprejudiced means of working out a solution to the difficult problems which have been imposed by the depression.

134 South La Salle Street
Chicago, Illinois

NEW YORK LAW PROHIBITS ADVERTISING

Members of the New York State Board of Dental Examiners, who have for some time been working to establish higher standards in dental practice, are elated over the passage of what is known as the advertising law on April 17, 1935.

Minor J. Terry, D.D.S., Secretary of the Board reports that Regents Rule No. 8, which was part of the Education Law in relation to the practice of dentistry, and prohibited advertising in the State of New York, was declared by the Court of Appeals to be invalid and inconsistent with law. As soon as they were acquainted with this action, members of the Board set to work to embody this rule with slight changes in an amendment. This was introduced into the legislature immediately and became a law when it was signed by the Governor April seventeenth. The law in its present form contains the following provisions with reference to advertising and unprofessional conduct:

"The license and registration of a practitioner of dentistry may be revoked, suspended, annulled, or such practitioner reprimanded, censured or otherwise disciplined in accordance with the provisions and procedure defined in this article upon decision and due hearing in any of the following cases: that the dentist has advertised for patronage by means of handbills, posters, circulars, stereopticon slides, motion pictures, radio or newspapers; that the dentist has been otherwise or in any other way guilty of unprofessional conduct."

Around the World

BY TOOTH AND NAIL

An Occidental's Review of Oriental Dental Orgies

By H. M. PHILLIPS, B.S., D.D.S.

IF you will permit me to generalize from numerical volume, I will venture the theme that dentistry in the Far East is neither an art nor a science: it is a widespread superstition. Few residents believe in it, accepting it unabridged and verbatim. Four out of five are agnostics, becoming gullible only under the pressure of urgent pathology. Still others are outright dental atheists, refusing the liability of treatment except from the numerically insignificant army of foreign-trained dentists. Dentistry is what mythology, religion, tradition, climate, geography, apathy, poverty, and esthetic eccentricities make it. Dentists in the Orient are dangling satellites to this nucleus of extenuating exigencies. This is your correspondent's dangerous conclusion after hovering around the Orient for three months. The exceptions were covered in previous articles.

If, in my attempt to justify the above conclusion, I become irrational, perhaps you will be charitable if I first tell you of the "dementalizing" conditions under which we are working. The equatorial heat at this writing inspires each pore of the integument to smash all precedents as to the continuity and volume of its flowing freshets. In addition, I am chronically distracted by the anxiety of taking my bride on a work-as-you-go, à la carte tour through torrid India in the inferno of its most withering season. The wherewithal for this trip has not as yet been corralled, and it has been rumored that the English officials in India will not welcome an American itinerant dentist. If we cannot practice, we will have the distressing problem of determining what to wear when we approach the American consul for a subsidy. If this alternative fails, we may be forced to set up a tent as missionaries and

salvage souls for a few cents less than the surrounding competitors. There's no law against "muscling in" in the work of the Lord.

Under these circumstances, synthesizing our crowded reflections on rural China, British Hong Kong, American Manila, Singapore, and Sumatra may produce a scandalous hodgepodge of confused memories.

Before giving you a kaleidoscopic view of our telescopic dental adventures, I will answer the question that is probably haunting your mind as it does ours; namely: "How's business?" Until we boarded this boat we kept well in advance of the wolf; but now the consuming public represents twenty nationalities. We are at present bucking tooth unconsciousness, sales resistance, language barriers, wilting heat, and the German dental laws, in addition to the time-honored psychosis about the depression.

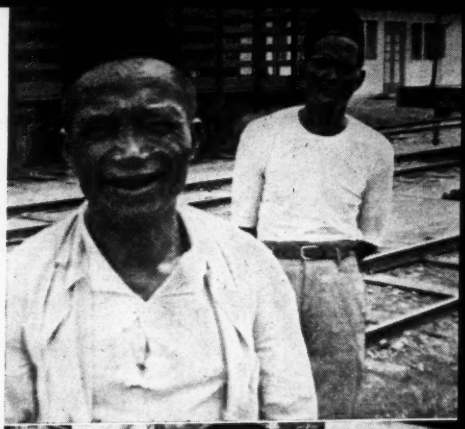
SIGN RELEASES

The master of the ship, not knowing the first rule of professional psychology, requested us to follow the closed door policy, and have all patients sign a statement that the North German Lloyd Steamship Company is not liable in case of illness or death sustained per dentistry. This "last will and testament" document is an unfortunate preface in the initial appointment, casting a gloom over the prophylaxis that is difficult to dissipate. After autographing the dotted line, the grim caller sees himself trapped in a death cell. The drone of the motor and the dirge of the revolving brush confirm his hallucinations. The napkin becomes the shroud, and I the executioner of the electric chair.

Despite our unpopularity, there are a few bargain-hunters whose shopping appetites find our low fees worth the risk. The monetary rewards from these, however, are sufficiently dissatisfying to win for us that effulgent feeling that comes with the attainment of self-sustained martyrdom.

In our attempt to keep cool, we work in shorts, dismissing the loss of professional dignity as a necessary evil. We are planning to replace the spokes on the big wheel of our foot-engine with fan blades, giving our office the distinction of being an air-conditioned, self-refrigerating dental parlor. This device would make the foot-engine a dual agent providing both pain and pleasure. Then we could say, with a threat to our patients: "No drilling, no ventilation."

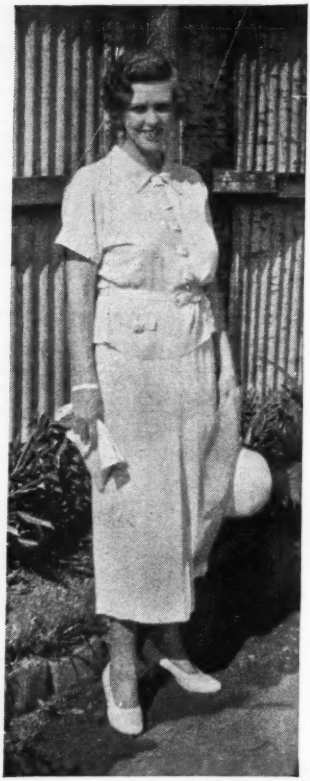
That dentistry in China is a superstition is not very difficult to establish. Barring the hundred qualified practitioners with degrees, China's four hundred million patients must seek aid



Malayan, native of Sumatra, showing black lacquered teeth.

Sign in front of dental shop in Belawan, Sumatra.

Batak village dentist, Sumatra



Mrs. Alice V. Marquardt, dental ceramist, Manila.

from apprentice-trained or untrained mouth carpenters. The quality of these men as oral pathologists has an infinite variation, but the victim has no dependable way of knowing whether the result will be local cure or massacre. The patient may have his gums bled, his teeth broken off, his face punctured with needles to let out the evil spirits, or suffer some other contra-indicated atrocity. Being a patient in China is hardly a row of roses.

On the other hand, being a dentist in China is worse than a row of cacti; for the patients come in demanding a gold crown or facing on a healthy anterior tooth, a jade inlay, a diamond stud. And unless the dentist is wary, he stands a good chance of not being paid. A rarer provocation demanding dental intervention is an acute infection, urging only instantaneous relief. Constructive dentistry is neither wanted nor indicated. Patients are almost never overtaken with the mood for preventive and operative procedures.

The patient often considers his pain of systemic origin, due to a devil or spirit made captive inside the body, or a worm lodging in the tooth. The dentist responds to this psychological set-up with the trick of hiding a worm under his fingernail and then pretending that he has plucked it from the aching tooth. Swindling goes on on both sides.

Historically in the Orient, especially in China, dental cures have been in the hands of medicine men. Some of these practitioners have strengthened their digits by pulling tight-fitting pegs from holes in a large board.

After years of these calisthenics they have been able, it is said, to pull teeth with their fingers. When the tooth would not budge, the patient was told that the tooth was rooted in the heart or a vital organ and must not be extracted. This explanation of a failure is still regarded as handy by some of the apprentice-trained dentists.

NOVEL REMEDIES

In the lively Chinese city of Hangchow, one hundred miles south of Shanghai, is a famous medicine shop which has remedies for all human ills. With a missionary as interpreter, I went to the proprietor complaining of a severe toothache. He was eager to help, and asked me if I wanted the local treatment or the general. Fearing that the general was more expensive, I took the local, which came to me in the form of an odorless, black, coarse pill with instructions to place it in the cavity of the offending tooth. I paid the four-copper bill and asked if we might tour the interior of the shop.

We were led by an increasing stench through a tortuous maze of courts and courtyards, and finally arrived at the source. There must have been fifty live deer being fattened for medicinal purposes. Although we could not find out how our dental pill was conjured up, we saw all anatomical parts of this gentle animal being brewed or pulverized.

Most dental ills are not considered local but part of a systemic derangement, and historically dentistry was not independent of medicine. The ingredients of the general treatment, I learned later, were such unappetizing indelicacies as parts of insects, reptiles, fresh and dried herbs, and even sections of the human placenta. The preparation involves pulverizing, stewing, boiling down in water or wine, and then perhaps combining with goat's fat.

In an interview with an apprentice-trained dentist in Hankow, I found unrecognized bravery demonstrated. This gentleman was so modern and up-to-date that he was undaunted in the face of orthodontic needs—even in patients forty and fifty years old. He said that the patients did not like orthodontic treatment because it hurt so much and because it took too much time: "Sometimes three months is made necessary." His casts were neatly executed and convincing in the absence of x-rays. Perhaps the fastest way to accomplish tooth movement is to liquefy the maxilla and mandible with excessive pressure, put the teeth where you want them, and collect.

The apprentice-trained dentists show their admiration for the Western dentists by advertising their own efforts as

"American Style" or "Foreign Style." For example, in Peking we saw one dentist's ludicrous attempt to popularize his business: "Eyes and Teeth Inserted by the Latest Methodists." The Orientals are not alone in their flattery. We have some evidence that even the English look up to American dentistry. One man claims the following two offices on one placard: "English Consul, American Dentist."

MISSIONARY WORK

Medical and evangelistic missionaries in China are occasionally known to Christianize by extraction. One evangelist told of his dental experience. A national had come to him, pleading on bended knees for relief from his agonizing condition.

"I hated to do it," he said, "but it just had to be done. He was afraid to go to the dentist, and I did not want to send him to the barber."

"Did you get the right tooth?" I asked him suspiciously.

"Oh, yes. His pain disappeared in a few days, and he was very grateful."

After roaming four thousand miles through the living museum that is China, we boarded the *Coblenz*, manned by Hitlerites, and waved farewell to Shanghai. Hong Kong was our next port.

This beautiful island is one of the British prizes won in the opium war. It has been made into a most livable place by this group who consider themselves excellent colonists. Cosmopolitan has never been descriptive of this settlement, and even now a dental law is being contemplated to prohibit the influx of non-British dentists. Doctor H. F. Sommers being the only one to represent our American profession, the dental monopoly bill of Hong Kong will pass uninhibited.

Hong Kong can boast of no dental school, no dental society, not even a constructive program in a vague semblance. "Buy British" aloofness characterizes the pervading attitude of the gun-boat-protected foreigner from the British Isles, one hemisphere away. Aloofness is born of the same national lore that characterizes Chinese dentistry. So I reason daringly that the dentistry of Hong Kong has at least one of the birthmarks of superstition.

The dentistry of the next port, Manila, is about one lap and a half ahead of that found in Hong Kong, although the majority of the ten million national Filipinos know very little about this fact. The profession of oral practitioners, the school and society functions are predominantly in Manila, and all of these smack of American domination. Doctor R. N. Wright, ex-president of the local dental society, entertained your correspondent in his beautiful home

which was recently awarded the first prize in the annual housing review sponsored by the government. The distinction carries with it an attractive tax exemption, the government's appreciation of a civic contribution. Doctor Wright's office, an annex of the home, is equally prize-worthy. At the age of forty-six, four years hence, Doctor Wright will retire and leave his home to see the world, of which he has already seen a great deal. Being English-trained as well as schooled in America, he was able to practice in Singapore; and his complete repertoire includes four cities in north China.

A Far Eastern Federation of Dentists is to be founded in 1937, at which time China, Japan, and Manchukuo will send representatives to Manila to discuss the new society. Doctor Wright, vice-president of the founding committee, has received an encouraging response from Doctor Okumura who has promised to attend with thirty-eight Japanese confreres.

Although Doctor Wright's practice is ninety-nine per cent foreign, the one per cent nationals occasionally test his ingenuity with the request for a diamond-studded gold crown or a jade inlay.

"If I do not take care of these patients, someone else will," says Doctor Wright apologetically.

His statement testifies to the vitality of the local superstition and the eccentric esthetic tastes that still predominate in rural Filipino communities.

A further commentary on the Far Eastern appraisal of our most extravagant esthetic reproductions is inferred from the fact that this huge sector of the world supports only one ceramist. Mrs. F. G. Marquardt claims the distinction of being the only technician trained in porcelain processes in the Far East. Her orders range from Shanghai to Singapore. Mr. Marquardt is an editor of a local publication in Manila, and he said humorously that he was going to start up a religion for native consumption championing the God of Porcelain against the God of Gold. "If my idea works, I'll retire on my wife's religious fanaticism." Doctor Wright said that Mrs. Marquardt's work was unusually artistic and satisfactory.

Dentistry in the Malay States is in no major respect different from dentistry in China, except that the quiescence of Singapore is occasionally disturbed by the noise of an angry patient dragging his street dentist to jail. "The complaint frequently is," according to Doctor B. K. Yap, one of the leading local dentists, "that a tooth has been broken off by the dental street vendor. The street dentists like to practice after sundown so that when

necessary they can disappear in the dark."

Doctor Yap holds a medical degree from Hong Kong and a dental degree from London. Although of Chinese descent, Doctor Yap was born on the island of Sumatra. He told us: "Even in modern Singapore I must occasionally grind down the healthy incisors as part of the marriage ceremonial for the Malayan people. But in the northern part of Sumatra you may expect to find the most curious of all dental superstitions." And we did.

THROUGH SUMATRA

There are many ways to go into the interior of Sumatra, but on the advice of some local missionaries we chose one that is used almost exclusively by the natives. The trip that costs Cook's tourists twenty-five guilders (approximately seventeen dollars) reduced our buying capacity ninety cents. Our conveyance was an old and rickety truck, driven by a domesticated, barefoot native who applies the throttle with his skilfull big toes. The shaky carry-all will not leave town until it is filled to capacity; so while driving round and round the market place the driver blows his horn and calls out his stations. It was in this way that we got to see Medan until we were almost dizzy.

Finally the last seat was full, and we started off on a steep mountain road that was in many places almost tunneled by the the buoyantly growing, luxuriant tropical vegetation; each green thing struggling for root space in the life-giving soil. The driver halted at every native village, the houses of which are built of grass and supported on high poles. The sullen-looking negroid peoples with their naked children punctuated the wild jungle atmosphere. We could not forget that this annum marks the hundredth anniversary of the year when one of the tribes prepared their first "missionary stew." I was anxious to see what cannibal teeth looked like, but I gave these fellows a wholesome berth and asked no questions.

Some of the natives that rode on our truck had black lacquered teeth; some had teeth filed to a point; while others had mouths and lips stained from the excessive chewing of betel-nut.

The value placed on the white, pearly human incisors by the prodigal successes of Hollywood are regarded as a liability by the ex-cannibalistic, animistic Batak tribesmen. The girls up to fourteen years of age have normal incisors. But young ladies above this age smile forth a gruesome area of anterior endentulousness. The dental tragedy is performed in the market-place as an engagement

rite, and girls willingly submit to the torture in order that they may have their man. They are stretched on the ground and held while a rasp is dragged back and forth, splintering and ripping the very organs that we prostrate ourselves to preserve. An alternative technique involves the use of a chisel and a stone hammer, and fracture at the gum line is the object of each blow. The husband has little fear of losing his bride once she is made hideous, and besides he can't be bitten so easily.

I have presumed to prove that dentistry in the Far East is compromised beyond recognition as a science by the superstitions that have been welling up for ages in the expanding reservoir of the Oriental mind. Rather than apologize to the East, I will salve the curse of my indictment by admitting that we of the West, for all our science, are not without our own brand of mythology. In the perspective of a world view our own disgraces loom large and insidious.

Unprofessional and unauthenticated patented cure-alls and panaceas are broadcast to the ever-changing public mind. Hosts of parasitic and unscrupulous advertisers engaged in the racket of competitive deception are supported by the gullible and superstitious American public. Worst of all, the very tools of science—even its language—have been confiscated and prostituted to create and preserve this humiliating social pathology. As we laugh at the superstitious "heathen" Chinese with their misguided dental appetites, sporstmanlike we can swallow a little of our own money-back guarantee medicines discussed in any radio program, newspaper, magazine, and which are even electrically celebrated in neon: "Buyer Beware." As we shake our jowls and roll our stomachs in wholesome mirth, we can afford to save enough breath to shake and roll our "adiposities" for home consumption.

Tomorrow we leave the comforting ship for the bowels of India. Our resolute purpose is two-fold: first, with forceps and drill we hope to tease enough financial encouragement from the missionaries to make this and the next lap possible; second, we are anxious to tease from another great sector of humanity a narrative worthy of the friends and readers of ORAL HYGIENE.

Editor's Note: Doctor Phillips may be addressed care of ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

W. Linford Smith
Founder

ORAL HYGIENE

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Give me the liberty to know, to utter, and to argue freely according to my conscience, above all liberties. — *John Milton*

IN THE CONTINUITY OF SERVICE

A SINGLE tower rises among the hills of southern Minnesota. To the traveler this marks the site and symbol of Rochester: the tower of The Mayo Clinic. Rochester is a single-purpose city: its life and business center around The Clinic.

In 1929 there was completed on the site of the old Mayo home where Will came when he was a year and a half old and where his brother Charles was born, the three million dollar building of The Mayo Clinic. Rochester and The Mayo Clinic became synonymous. Across the street from the Clinic building is the school that Will and Charles Mayo knew as boys. Curving through the hills are the concrete roads that once were mud in spring and dust in the summer heat: the roads over which the Elder Mayo drove behind his team to administer to the farmers of the countryside.

The exact date of the founding of The Mayo Clinic is indefinite. A father gave a conspicuous service to a community. His sons joined him; the community widened to include the world. The grandsons are in the continuity of service. No formality attended the founding of The Clinic; it came into existence without promotion or prearrange-

ment—to meet human needs; it exists today to meet the same needs: the diagnosis and treatment of the ailments of the body.

There are more than twelve hundred persons engaged in the work of The Mayo Clinic, more than four hundred of whom are physicians. In 1934 this staff cared for between 60,000 and 70,000 sick persons from all parts of the world. For those far from their native homes who were struggling with a strange language the Clinic supplied interpreters to help remove the barriers of fear and superstition and make expression between the patient and his physicians easier.

The spirit of The Mayo Clinic cannot be interpreted in terms of marble walls, hand-carved woodwork, paintings in oil, although with these, too, the building is well supplied: Plummer Hall, where the staff meets, for example, and the quiet luxury of the library are perfect examples of good taste and architectural propriety. Neither do the instruments of efficiency, such as the system of connecting pneumatic tubes that carry case histories and records from department to department and the subterranean tunnels that connect the Clinic with other buildings, reflect the essential spirit of The Mayo Clinic. The spirit of this institution is recorded in human terms. The staff is constantly engaged in research, public education in health matters, the furthering of training of the professions by important publications and participation in scientific meetings. All these efforts are directed toward one end: the improvement of the physical welfare of mankind.

That mankind appreciates the efforts made for it and has responded is attested by what one finds during a visit to the offices of the brothers Mayo on the third floor of the building. Here are the autographed pictures of important men in the affairs of the world: foreign rulers, Supreme Court Justices, international leaders in medical thought. Many of these men were saved to the world by the skill of members of this Clinic. Lesser men were saved to their smaller worlds by the same quality: skill. As one visits this institution he is impressed with the fact that here

"service" is something more than the hackneyed implication of shopkeepers.

The fame of Will and Charles Mayo has been carried to the ends of the earth by colleagues in the profession and by their patients. Foreign governments and universities have conferred decorations and degrees upon them. In a glass case on the third floor hang the many-colored academic gowns which represent honors earned. On the walls are the diplomas and citations of award. These are written in the important languages of the world. One reads, *to Carlos* . . . and *to Wilhelm* . . . and so on. To these brothers a President of the United States paid a special visit of respect.

The dental division of The Mayo Clinic was founded in 1918. Doctor Boyd S. Gardner has been the head of the division of dental surgery since that date. The members of the staff of the division of dental surgery—Doctors Gardner, Austin, and Stafne—have exactly the same status as the physicians on the staff. The dental division shares the fourth floor with the division of orthopedics. Thus the two specialties primarily concerned with the disease processes of hard tissue are associated.

The Clinic patient who is referred to the dental division goes for examination and diagnosis. No operative or restorative dentistry is done here. As Doctor Gardner expresses it: "Restorative dentistry demands constant observation on the part of the dentist to be certain that untoward changes do not take place in the supporting bone. It is our belief, therefore, that restorative service should be done exclusively by the family dentist. It is not a service that lends itself to practice in the Clinic."

Visiting dentists enjoy the same privileges of the Clinic as physicians. They may observe the work in any division of the Clinic without payment of a fee. This principle has been emphatically stated by the Doctors Mayo themselves.

The interest of the staff of the Clinic in the problem of focal infection is well known. Doctor Rosenow, one of the pioneers in the bacteriologic work on focal infection, still

carries on his research in experimental bacteriology with continued interest in the dental problem. The Doctors Mayo have appeared frequently on the programs of dental societies and their statements that "the dental profession can add ten years to human life" and that "many of the degenerative diseases of middle life are of dental origin" have become dental maxims. The activities of the staff of the division of dental surgery are familiar to the readers of dental literature and to dental society members. Through their efforts the recognition of dentistry by medicine has been conspicuously advanced.

I met Doctor Will and Doctor Charlie, as they are affectionately known by their colleagues, in the informality of a corridor. They stopped to visit. Neither had the pompous abruptness often found in lesser men. Their spontaneity permits no pedestals, no pits. We were speaking of the medical and dental professions; Doctor Charles remarked: "My brother and I have tried to bring the two professions closer together." The members of the dental profession know that no two persons have done more to accomplish this end.

IMPOSTOR WORKING IN PENNSYLVANIA

From Frederick H. Hoeffer, D.D.S., 230 Fifth Street, Reading, Pennsylvania, comes this warning of a woman racketeer active in Pennsylvania:

"On April twenty-fourth a woman, purporting to be a representative of the Paramount Uniform Company of 6731 Denison Avenue, Cleveland, Ohio, called at my office selling uniforms to office assistants. She took my assistant's order for one Red Cross poplin gown at $1.75 and offered to take 15 cents off for cash. It was to be a made to measure gown, delivered in ten days. No gown has been delivered, and a letter sent to the address given was returned without being delivered. A postal directory searcher was unable to find such a firm in Cleveland.

"Her description is as follows: Age about 40; heavy set; appears shorter than average—possibly on account of weight; has blue eyes; round face; wears earrings—not pendant; carries a brief case."

What May Be Done to Prevent

MALOCCLUSION

By J. E. LASKIN, D.D.S.

DESPITE the fact that much attention has been paid to theories and methods of prevention in dentistry generally, there has been little thought given to prevention of irregularities of teeth and arch form in their incipient stages. It can be understood readily that prevention means alleviating irregularities in occlusion and arch form in children.

Aiding the development of the jaws early in the life of the child will promote the uniform development of the associated tissues, and consequently produce a more satisfactory end-result, than if treatment is deferred. The theory, advocated in the past by the dentist, that it was best to wait until the permanent teeth had all erupted before beginning treatment, has been shown to be unsound.

Every dentist who seeks to prevent or treat malocclusion should be so thoroughly familiar with the growth of the jaws and the eruption of the teeth that an examination of the mouth in a growing child would give him a mental picture of the permanent teeth in their crypts and their relative positions in the jaws. The researches of Broadbent, Brash, Todd, and Hellman have shown the relative directions of growth in the development of the jaws. The stress of mastication is an extremely important factor in the development of the entire lower half of the face.

The deciduous dentition is usually complete and has a definite occlusion by the end of the second year of life. Its occlusal plane relationship remains steadfast while the jaws are increasing in size in vertical, longitudinal, and lateral directions. This condition exists, or should exist, until the sixth or seventh year, when additions and losses begin. If any interference with growth during the period of development in the deciduous dentition occurs, it is safe to assume a complication in the development of the per-

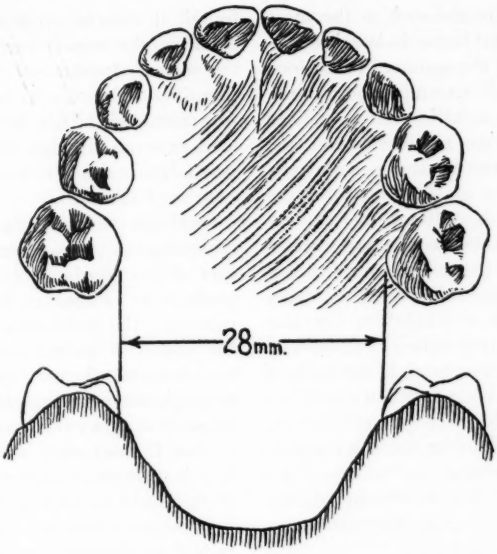

FIG. 1—*The Bogue Index*

manent dentition. Malocclusion in the permanent dentition usually follows if any irregularity of occlusion is present in the deciduous dentition.

There are various indications for certifying normal arch development in deciduous mouths. The Bogue index is considered dependable. It is a 28 mm. minimum and 32 mm. maximum (Fig. 1). That is the distance in width between the lingual gingival margins of the second deciduous molars.

Between the ages of 4 and 6, if there is a lack of developmental incisor spacing, it is an especially important indication of an existing or previous arrest in development; doubly so, if coupled with a low Bogue index.

Deviation of the incisor median line, excessive overbite, disturbance of the mesio-distal relationship of the mandible as based on the Angle classification, open bite, and crossed bite are other indications. It is rare to find a single indication present, but the diagnosis of any case is more positive in proportion to the number of indications present.

The eruption and maintenance of the first permanent

molars in the arch is the most important factor in the development of the denture. These four teeth will determine the relation of the maxilla and mandible during the replacement of the deciduous by the permanent dentition and, in fact, for the life of the patient.

The relation of these teeth to one another not only determines the relation of all other teeth to one another, but also the distribution of functional forces so as to mold the form of all the bones of the face.

In about 50 per cent of the cases, the first molars erupt in an indefinite or uncertain occlusion, usually in an edge-to-edge bite rather than in a cusp-to-cusp occlusion.

On the loss of the lower second deciduous molars, which normally are wider mesio-distally than the permanent bicuspids that replace them, the first permanent molars will gradually move forward until they occlude as intended, with the mesio-buccal cusps of the upper closing in the buccal groove of the lower.

The first deciduous molars ordinarily are lost, and the first biscuspids usually erupt, before the second deciduous molars are lost. There are occasions in which the extreme mesio-distal width of the lower second deciduous molar prevents the complete eruption of the first bicuspid. When this condition is found, it can be corrected by grinding the mesial surface of the second deciduous molar to permit complete eruption of the first bicuspid. This is considered rational therapy and was first advocated by Doctor Lloyd Lourie of Chicago.

Of all the etiological factors in malocclusion, the premature loss of the deciduous teeth can perhaps be classed as the most common; the premature loss of the cuspid or second deciduous molars causes the greatest arrest in development and results in the severest malformation of the arches. If shortening of the arch is to be prevented, the deciduous teeth should be kept in the arch or the space should be maintained artificially. Many cases of malocclusion can be prevented by the judicious extraction of a deciduous tooth, when its corresponding antagonist has been lost.

During the course of development from mixed to permanent dentition, a person may present a bicuspid occluding with a deciduous molar. Orthodontists favor extraction of the retained deciduous tooth as a rule. This prevents an abnormal occlusal pressure from the inclined planes of the deciduous molar, which often causes rotations or other malpositions of the bicuspid.

When possible, it is advisable to extract a deciduous molar immediately after the physiologic

loss of its opponent. This encourages an equal eruption of the two bicuspids, thereby permitting them to reach the line of occlusion at the same time.

One word of caution is advisable in this respect. The careful operator checks each case with roentgenograms to determine the presence of the underlying bicuspid before extraction of the deciduous molars. Too many permanent bicuspids are congenitally missing to permit any other practice. If the permanent tooth is missing the operator must carefully determine whether to retain the deciduous tooth as a permanent measure, place a fixed or removable bridge, or to extract the deciduous tooth and close the space by orthodontic means.

The importance of supervising the normal shedding of deciduous molars and the eruption of bicuspids cannot be overestimated; for unless changes occur in that area in a normal manner malocclusions of the bicuspids and molars are certain to occur. When a bicuspid has fully erupted, it is rational therapy to extract the corresponding deciduous molar in the opposite jaw. If malocclusion is present, it is not advisable to follow this rule, but it should be applied if the mesio-distal relationship of the arches is normal.

The permanent central erupts to the lingual of its deciduous mate and, as the deciduous incisor is lost, its inherent force of eruption plus normal tongue pressure should move the permanent tooth to its proper position in the arch and in the line of occlusion. In many cases there is no room for the permanent incisor in the arch because of arrest in lateral development.

It is hazardous to extract the adjacent deciduous lateral to make room for the erupting permanent central, since the early loss of this deciduous lateral only complicates the condition, as the oncoming permanent lateral will be even more crowded; instead, steps should be taken to stimulate lateral development; the arch being enlarged to accommodate the permanent central.

It has been proved by an investigation of the jaws of children 12 years old that the extraction of the first permanent molar at the age of from 6 to 7 causes an arrest in the development of the jaw equal to the width of one bicuspid. If the extraction takes place two years later, the shortening of the jaw measures about the width of half a bicuspid.

Ultimately, then, no shortening at all is to be found in case of the first molar extracted when a child is 11. This is because the normal growth of jaws for 12 years is at that time achieved.

Space maintenance is a form of prevention which is frequently overlooked and, unless it is carried out, there is usually

some shifting of the teeth, or a failure of complete development of the arches. Space maintainers should always be utilized when a deciduous tooth has been lost prematurely and continued until the permanent tooth erupts. In the early loss of a permanent tooth, space maintenance should be resorted to until the replacement by an artificial substitute.

ABNORMAL HABITS

Many of the simple cases of malocclusion as well as those of complex character are directly traceable to abnormal habits. Inasmuch as these habits are intimately concerned with the muscles of the face and oral cavity, the lips, cheeks, and tongue, the abnormal forces which are called into continuous or intermittent action have the effect not only of changing the normal form of the dental arch to the abnormal one, normal positions of individual teeth to malpositions, but of causing malocclusions and facial deformities which are characteristic of the particular neuromuscular habit involved.

Thumb-sucking, biting the lip, cheek or tongue, mouthbreathing, and posture habits—all tend to inhibit normal arch development and tooth position. It is evident that the earlier in life these habits are eradicated, the less extreme will be the resulting malocclusion. Corrective measures should be instituted as soon as it is apparent that abnormal development is taking place.

Malocclusion is always a progressive process: slight abnormalities frequently develop into extreme malformations and disfigurements. If, in the early treatment of deciduous and mixed dentures, we make it possible for the permanent teeth to erupt normally into their proper positions, this treatment may be classed as preventive.

The preservation of the first permanent molars; the retention of the deciduous dentition through its entire period of function; the recognition and prevention of abnormal habits; and the detection of abnormal metabolism through their dental manifestations present a challenge to the dental profession which calls for the vigor of all the men in it to reduce the increasing number of cases of malocclusion found among children today.

1314 Medical Arts Building
Cleveland, Ohio

Health Insurance Measures Introduced in California Legislature

(*Continued from page* 941)

was several meetings, with ultimately, the introduction by the Senate Interim Committee of Senate Bill 454. This bill was sponsored by the California Medical Association. As the Dental Committee had not succeeded in having the dental provisions incorporated in this Act, it was necessary either to oppose the bill or to have the measure amended through legislative action.

Briefly, Senate Bill 454, as introduced, provided a Health Insurance Commission of five, consisting of two physicians and three other persons on salaries of $8000.00 per annum. This Commission was given unlimited power. It provided for a medical director selected by the Commission as well as prospective regional directors. The Act presented was compulsory to all persons up to $3000.00 net income per family. The premiums were to be collected on the employer-employee basis. The measure furnished medical, dental, hospital, and nursing care, laboratory fees, essential drugs and medicines and surgical appliances. The bill as introduced made no provision for dental representation on the Commission. Primary dental benefits were limited "to the extraction of teeth, and on the prescription of the attending physician, such other therapeutic dental services as may be authorized by the Commission." This section of the act, if passed, would allow the physician and Commission, who do not have the requisite information, to determine the type and scope of dental work, which would subjugate the profession. Additional dental benefits were provided for upon justification of funds, and provision was made that the Commission pay the whole cost, fractional cost, or allow a maximum dental expenditure.

Senate Bill 454 was referred to the Senate Committee on Public Health and Quarantine. This Committee held two public hearings at which time much opposition to the measure developed; namely, from labor, in the belief that the employee was paying too high a percentage; industry, maintaining that the percentage paid by the employer was too great; Christian Scientists; fraternal organizations; existing health insurance companies; hospitals; pharmacists and optometrists whose services had been drafted into the Act without proper consultation; osteopaths and chiro-

practors whose services had not been incorporated into the Act; influential citizens who believed that the present time was not appropriate to enact so revolutionary a measure; those who questioned the constitutionality of the measure; others who believed socialization of medical care should be a national rather than a state problem.

Dentistry and the dental health of the public in California were in jeopardy. The following dental amendments were introduced:

1. To provide for one dentist on the Health Insurance Commission.

2. To furnish as primary dental benefits "the extraction of teeth, treatment of acute infections of the jaws and related tissues, and treatment of fractures of the jaws."

3. To provide as additional benefits, when justified by funds, therapeutic dental services other than those specified as a primary benefit, to be designated by the dentist and the beneficiary; this additional benefit to be paid for wholly by the Commission, a fractional cost to be paid by the Commission, or the Commission to allow a maximum dental expenditure.

809 Medico-Dental Building
Sacramento, California

The second amendment limited primary dental benefits to emergency service and allowed any insured person to select any dentist for this service without permission from the Commission. What is more important, it would set up a fee schedule *only* for these emergency measures and *not* for any other type of dental service.

These amendments, opposed by the California Medical Association and some members of the Senate Committee, were adopted and the bill passed on to the floor of the Senate. A strong attempt was made to delete these amendments from the bill on the Senate floor but it failed. The bill is still before the body of the Senate awaiting further action with the legislature due to adjourn before June first.

On May tenth a companion Health Insurance Bill was introduced in the Assembly, Assembly Bill 1097. It will be up for a public hearing on May seventeenth. It is difficult to predict the final action on these measures. Regardless of the merits of the bills themselves, it is believed that dentistry and the dental health of the public in California have been safeguarded in these measures.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado. Please enclose postage. Material of interest will be published.

BROKEN CENTRALS

Q.—I have several young patients with centrals from which the edge, corner, or incisal third has been broken. One patient, 15, has the mesio-incisal corner off; another, 8, has the incisal third off; a third, 13, has the incisal two-thirds off. I have been treating this last case since the tooth was fractured two years ago. Repeated taking of roentgenograms has convinced me that there is no pathologic area at present. Would you advise a porcelain jacket for this thirteen year old boy?

When children fracture these centrals and laterals, at what age should they be restored?—W.P.S., Maryland.

A.—I believe that the best way to handle these fractured incisors, which unfortunately are common among children of all ages, is to restore the broken portion of the tooth with a partial crown made of orthodontic band material and terminated with a snug fit at the largest circumference of the tooth.

The fractured dentine or exposed pulp, if the pulp happens to be exposed, is best protected with a layer of sedative cement and a pulp protector, over which the cap may be cemented with oxyphosphate. Such a temporary protecting crown should be worn until the child is between sixteen and twenty or as long as the appearance is not of too much importance. At least sufficient time should elapse to permit the dentinal tubuli to close up and for the pulp to recede to a point where preparation for a jacket crown will be unlikely to cause serious shock to the pulp or devitalize it.

At that time a porcelain jacket crown should replace the gold cap. Such a preparation should, however, always be preceded by the taking of a roentgenogram to determine the size, position, and condition of the pulp.—V. C. SMEDLEY

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CAUSE OF ODOR

Q.—My patient, a physician, 51, has diabetes and takes two injections of insulin daily. Last January I

placed his mouth in what seemed to be a healthy condition, by means of several restorations, treatments for a pyorrheal condition, and then a thorough prophylaxis. He had an unpleasant odor in his mouth, and we seemed to have eliminated it. However, for the last few months that odor has been present again, in spite of my scaling his teeth and finding no cavities. Roentgenograms show some absorption of process but nothing of apical pathology. If he runs floss between his teeth he gets a fetid odor, and his gums bleed easily. He has faithfully kept up massaging the gums, but that does not seem to help. He fears extraction as he says that at previous extractions the procaine has caused his face to swell and break out; the condition lasting for three days. He will not submit to nitrous oxide-oxygen anesthesia should it be necessary to extract.

Is it possible that the odor comes from his systemic condition, although he is in good health except for the diabetes? What could I try to eradicate that odor, or would you say it is just local? In case of extraction, to what type of anesthesia would you resort? I mention extractions, because he says that if these teeth do not have to come out now, they may have to be extracted later in his life when he will not be in condition to stand it and the thought bothers him.

I do not like to treat surgically any absorption of process; that is, lay gum back and curett, unless necessary, although his clotting time is four minutes. If I can produce results with any medicinal agent, I should prefer it. Have you anything to suggest?—S.G.W., Oklahoma.

A.—Diabetes is a particularly unfortunate complication in a case of pyorrhea. Some writers say that control of the blood sugar with insulin should make the treatment of pyorrhea as simple as in the average case. However, we have a case of a young woman in her thirties who is receiving insulin, yet for whom it seems to be impossible to stop the subgingival pus except for a short time after treatment.

The literature is not plentiful on the subject, but there is an article in the *New York State Journal of Medicine*, by H. H. Kent[1], and J. B. Williams[2] has written two articles on this subject.

It is general experience that persons over 50, with diabetes, have lost all of their teeth. However, that is not sufficient reason for your patient to have his teeth extracted. If you do extract them, conduction anesthesia would be all right.

The odor may be due to the diabetes or to bacterial masses in the gingival trench. Have your patient use sodium chloride as a dentifrice and mouth wash; do a prophylaxis treatment once a month; and have him be sure that by diet and insulin he is keeping his blood sugar at the right concentration. By these means you may save his teeth for some time.—GEORGE R. WARNER

[1]Kent, H. H.: Dental Service for Diabetics, N.Y.J. of Med., volume 33, number 18.

[2]Williams, J. B.: Am. J. Med. Sc. 182:907; J.A.D.A. page 523 (1928).

NEURALGIC SYMPTOMS

Q.—The following is a case history on which I would like information:

A patient, a man, 60: periodontal condition unsatisfactory; lower right bicuspid root, and, on upper left side, the teeth from the cuspid back are missing. The patient complains of a severe and acute but temporary pain in the upper third molar area and area of tuberosity when touched or when cold air strikes it. The tissue has been stripped away and the bone scraped and curetted but there has been no improvement. This condition has persisted for a year or two and does not seem to get better or worse. The case does not seem to me to have the characteristic symptoms of tic douloureux but evidently does have the trigger point around the area mentioned. I do not have roentgenograms of the case.—R.C.T., Texas.

A.—You are quite right that your case does not seem to be a true tic douloureux, and I would be unable to account for the pain without seeing intra-oral roentgenograms. It might also be necessary to make lateral jaw and sinus exposures.

It is possible that the operations have exposed some nerve fibers although one would not anticipate such an eventuality.

The adjoining teeth should be tested for a possible hyperemia.—GEORGE R. WARNER

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EROSION

Q.—I should appreciate your advice concerning a case of erosion which has puzzled me.

The patient is a woman of 34, single, in good health, and fairly active. About six years ago the incisal edge of her two upper central incisors began chipping and wearing until now about one-third of each of these crowns is worn away. There is no occlusion whatever with the lower teeth, either centrals or laterals. At present the upper laterals are beginning to deteriorate in the same way. The structure of the teeth seems to be good; no decay appears on them; and the mouth is kept immaculately clean.

The patient gives a history of having taken hydrochloric acid and pepsin for a digestive disturbance several years ago, but this was taken through a tube, and apparently no decalcification resulted from this treatment, as the incisal edges are hard and shiny.

The woman is conscious of her "open bite" appearance and wishes me to do something about it. I have suggested porcelain jacket crowns.

What do you think could be the cause of this condition? Would you suggest a better means of restoration than the porcelain jackets? How may I prevent the laterals from disintegrating in this way?—F.E.S., Maryland.

A.—Inasmuch as I have had an experience similar to that of the patient spoken of in your letter, I am quite interested in your case. I too had to take hydrochloric acid with pepsin and, under the misapprehension that my teeth would be protected by a tube, I took it through a tube and, almost before I realized what was going on, I had lost virtually all of the lingual enamel on the central incisors and some on the lateral incisors and cuspids.

I found that taking hydro-

chloric acid through a tube made the condition worse; or, in other words, affected the teeth more seriously than if I had taken it without a tube. The acid from the tube gets on the dorsal surface of the tongue, is pressed against the lingual surfaces of the incisors, and holds the acid there during the time that it is being taken; and more damage is done than if it were taken in the normal way and washed away with water at once.

However, I have another plan now: I cover the lingual surfaces of the ten upper front teeth and the soft tissues with base plate wax against which I hold the tube; and then after I have taken my portion of acid I take a drink or two of water which washes the acid off my tongue; I then remove the wax and go on with my meal. I have tested my tongue with litmus paper and find that for about two minutes after taking acid my tongue is markedly acid unless washed off. If it is washed off the reaction disappears at once.

We have had a few cases of loss of lingual enamel on the upper anterior teeth in patients who have not taken acid. We have been unable to account for this, except by reason of a disturbed digestion in one case in which there was constant regurgitation of the stomach contents which presumably were highly acid; and it is possible that in each instance there has been an acid condition which has accounted for the loss of enamel, although we have not done a real piece of research on these cases. It would, it seems to me, be wise to replace the lost tissue in your patient's teeth with porcelain jacket crowns. She is too young to pass the remainder of her life with the unsightly appearance which you describe. Porcelain jackets would protect her from any further disintegrations of these teeth. If she is not taking hydrochloric acid now I cannot account for the continuing disintegration any more than I could in some of our own cases.—GEORGE R. WARNER

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EFFECT OF PROCAINE

Q.—My patient, a man of 35, had an upper first molar that was abscessed. He refused nitrous oxide-oxygen anesthesia and I had to use procaine. A few minutes after extraction the external area of the cheek turned a pale white. What caused this?—M.C., Pennsylvania.

A.—You may have punctured a small artery and injected part of your procaine solution into the blood stream to be carried through the small capillaries of the cheek. The adrenalin in the solution constricted the arteriole walls with resultant blanching. If this were the case it would have been followed by bleeding into the tissue with a resulting hematoma or bruised appearance on that side of the face. If

no hematoma followed the blanching, probably the artery walls were constricted by the solution flowing around the artery with consequent blanching until the constricting effect of the adrenalin wore off.—V. C. SMEDLEY

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ACRODYNIA

Q.—Will you please send me all the information you have on acrodynia and especially anything you have as to the cause, effects, treatment, and prognosis?

One of my patients, a boy, 2, has this disease, and it has affected the lower jaw and all of his teeth have been lost. His mother is in an institution for the treatment of tuberculosis. His condition has developed in the past six weeks and the mouth condition just the past two weeks.—C.J.W., Kansas.

A.—The cause of acrodynia is not well known, but it is supposed to result from food deficiency, infection, arsenical intoxication, or neuroses of the vegetative nervous system. Preponderance of opinion lately has leaned toward infection as an etiological factor.

The symptoms are almost too numerous to mention. There usually is high blood pressure, pyelitis, terrific pain in the extremities, ulcerative stomatitis, loss of teeth, hair and nails, inflammation of all mucous membrane, general erythema, boils, and so on. Patients suffer terribly but the prognosis is not bad; in fact, Doctor John Schoonover of this city has treated a number of cases in which there was a complete recovery. The treatment varies in accord with the symptoms but one thing that is used is the scrapings taken from under the skin of potatoes. This area in potatoes seems to carry the unknown vitamin, the lack of which is probably in etiological relation to the disease.—GEORGE R. WARNER

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DIMINUTION OF SALIVA

Q.—A patient, a man, 50, says he is bothered by an excessive dryness of his mouth. He says he has an unpleasant and puckery taste at all times which, of course, is annoying. He has hyperacidity, but outside of that has no gastric or intestinal trouble. He keeps his mouth clean, in fact, has given up smoking thinking that might help. Chewing gum or using mints does not seem to increase the flow of saliva.

Could you suggest any cause for this or anything which might help?—F.G.B., Pennsylvania.

A.—The common causes of a diminution in salivary flow are: drugs, such as atropin; roentgen ray therapy in the region; and nervousness induced by making a speech.

An imbalance in diet also affects the flow and quality of the saliva. For instance, a high carbohydrate diet tends to decrease salivary flow and give the saliva a ropy consistency.

Your patient might be benefited by a marked increase in citrus and other fruits and green vegetables in his diet.—GEORGE R. WARNER

DENTISTS URGED TO AID IN VERMONT IDENTIFICATION CASE

In cooperation with the Boston Police Department and the *Boston Globe* ORAL HYGIENE prints the following letter to aid in the identification of three skeletons found in Vermont recently:

The bodies of three persons, with bullet holes through their skulls, were found May 15 in woods near Middlebury, Vermont. They were the bodies, apparently, of a mother, 35 to 40 years old, and her two children (sex not definitely established), the younger about 11, the older about 13. They had lain, half-buried in the ground, for 1 to 5 years, probably closer to 2 or 3 years.

Thus far, all efforts to identify the murder victims have failed. The most likely clews to their identity are orthodontic appliances attached to upper and lower teeth of the older child. It has been positively established that the principal appliance on the upper teeth of this child is an Angle ribbon arch.

Here is a description of the appliances found on the child's teeth:

Upper Teeth:

1 Angle ribbon arch, large (*White* Order No. G-400YA).

6 Angle bands, anterior (G-430 XA).

2 Madeup molar bands, with two curved gold sheaths (G-460) soldered on.

2 Intermaxillary anchorage hooks, placed opposite mesial third of cuspid. Ends of hooks have been carefully balled.

Angle's lockpins (G-453A) are used on the anterior bands.

Lower Teeth:

1 Lingual arch, made of 19-gauge gold or platinum wire (not Angle's).

2 Madeup molar bands, with soldered-on half tubes.

Spring locks of .028 wire.

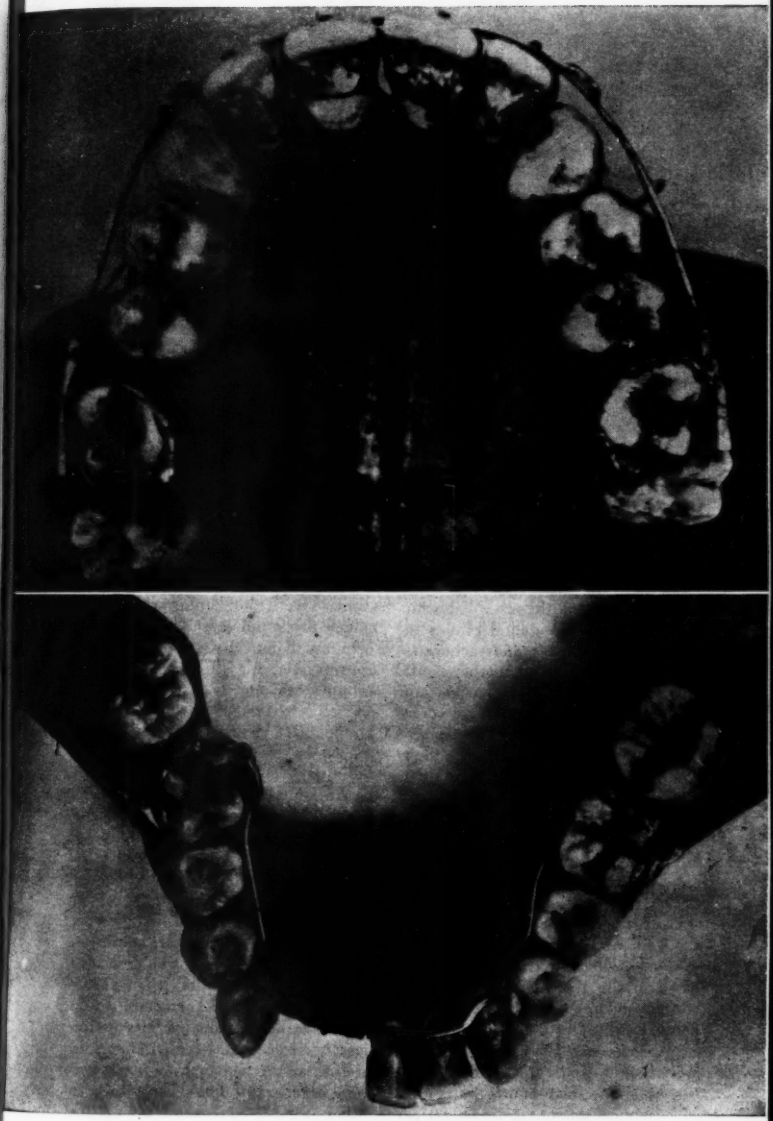
The child was being treated for bilateral disocclusion wth a slight narrowing of the mandibular arch.

If you recognize this work which you may have done on a child whose whereabouts now are not definitely known to you, you may hold the clew to this mystery.

If you think that one of your former patients may be this child murder victim, please wire collect name of child, names of parents, and last known address to the Boston Globe, Boston, Massachusetts.

THE BOSTON GLOBE WILL PAY $100 REWARD TO THE FIRST DENTIST FURNISHING THE GLOBE WITH EXCLUSIVE INFORMATION WHICH IDENTIFIES THE VERMONT MURDER VICTIMS PRIOR TO THEIR IDENTIFICATON FROM ANY OTHER SOURCE.

W. D. Sullivan, Managing Editor
The Boston Globe



Photographs showing orthodontic appliances as they appeared on the teeth of one of the skeleton's found near Middlebury, Vermont.

"I do not agree with anything you say, but I will fight to the death for your right to say it."
—*Voltaire*

LET US DO SOMETHING FOR THE "FORGOTTEN MAN"

Recently the New Deal Administration sponsored the establishment of so called FERA dental clinics in many of the states; Massachusetts being included among others. It was explained that the purpose of these clinics was to provide free dental care for all those who were working on the FERA projects and their families; all who applied for FERA work; all on the veterans' relief; and all on the welfare lists. The clinics were also to provide work for needy dentists who had dependents and whose net earnings were $12.00 per week or less.

Dentists working in these clinics, the Federal Government said, "were to be enrolled in the 'white collar class' of the FERA," and according to the proposed plan any dentist who could qualify by declaring that his net income was less than $12.00 per week could go to work in the clinics at a specified hourly rate until his earnings amounted to $19.00 per week. The money with which to pay the dentists' salaries was appropriated by the Federal Government and the cities and towns desiring the clinics were to appropriate the money for supplies and materials.

In my home city the money was appropriated for the purchasing of supplies and materials and the clinics were to be opened primarily to provide free dentistry for those employed by the FERA and on other relief projects. It was conservatively estimated by city officials that about 33,000 people in the city of Somerville, Massachusetts, would be eligible for free dental treatment in the clinics, and this would equal about one-third of the total population of the city which is approximately 110,000. As there were no dentists in Somerville who declared their earnings were less than $12.00 per week, the FERA officials would allow any dentist to work in the clinics, regardless of his own financial status, at an hourly rate for a certain number of hours each day; in other words, the members of the profession were influenced to donate

their time in order that the FERA employees could be given free dental services.

Fortunately for the profession the clinics were not opened, because the dentists rebelled and made known with no uncertainty that they as citizens were strongly opposed to all clinics.

Let me call the attention of the profession to the absurdity and unfairness of such a proposition:

1. First, the citizens of this or any other city are not suffering from a scarcity of clinics. Dentistry is a luxury to a certain extent and all that the government of any country owes the unfortunate is relief from pain. Adequate dentistry, while it is decidedly beneficial to the general health of a person, is no more an absolute necessity than is superior food, fine clothing, and a vacation once a year. All of these items are health preservers and all who can afford them should seek them, but those who cannot afford them are not entitled to such service at the expense of other hard working thrifty people. There are enough clinics to take care of the indigent who through no fault of their own must seek free medical and dental care. In this city we already employ six city dentists on a basis similar to that of the city physicians.

2. Clinics, whether they are free or pay clinics, reduce the income and seriously affect the livelihood of every dentist in America.

3. FERA employees are paid from $12.00 to $15.00 weekly and sometimes more, and there is no sane reason why this selected class of persons should be entitled to free dentistry at the expense of the taxpayers, while others who earn the same wages in private industry are compelled to pay for their dental services.

Any thinking dentist will agree that clinics of any sort, whether they are government clinics, hospital clinics, Salvation Army clinics, or school clinics are a menace and a detriment to the earning capacity of the private practitioners. Clinics are always organized by persons who are chiefly interested in their own personal gains, and the professional men are deluded by the camouflage of "doing something for the poor."

Clinics and all other charitable institutions are supported by somebody and that somebody is usually found in the thrifty industrious element who supply the money either through taxation or by means of contributions. The United States is peppered with medical clinics incorporated as tax-exempt charitable institutions, but their profits are used not for the benefit of the poor but to pay enormous salaries to their personnel and directors.

Only a few persons who benefit from clinics are worthy: the majority of those who go to clinics are parasites and chiselers—those who do not want to work, and those who do work and could well afford to pay a private practitioner, but do not want to because they think it is smart to obtain "something for nothing." Only a few clinics thoroughly investigate cases and accept patients only after being convinced that they are both worthy and in need. Most clinics give their financial income due consideration and such organizations make it harder and harder for the private practitioner to net a decent income. I know of large hospitals where patients who can well afford to pay for their dentistry privately are actually coerced to obtain their treatment there at regular clinic fees.

At present there are more persons earning an enviable living as directors of clinics and charitable organizations than anyone realizes. All of

these institutions are tax-exempt and are supported by hard working industrious people, and the chief benefactors are those who do not even desire to realize the responsibility of being able to take care of themselves. More than ever before we are being confronted with increasing numbers of chiselers who are looking for something for nothing or easy ways to earn a living and it is time that we stop the clinic racket by protesting and by refusing to donate our services, lest we wake up and find ourselves in the predicament of many of our medical colleagues who are crying in despair because of "too many clinics." Many physicians are constantly finding it more difficult to earn a living on account of the number of low fee clinics.

It is time that we stop educating people to depend on others for help. We should rather direct our efforts toward teaching these people to accept responsibility and to provide for themselves instead of encouraging them to be leeches.

Probably more than ever before we are confronted at present with the serious problem of too much being done for the "forgotten man." The efficient and thrifty are actually being robbed of their savings in order to provide for the inefficient and incapable. We are being fed a false economic doctrine. The thrifty industrious persons are being exploited for the benefit of the lazy and inefficient group. The loafers are being taught that they are entitled to everything they need and that no labor or effort on their part is necessary to procure the necessities of life. The efficient, hard working, thrifty people are now the "forgotten men," so-called, because they are the ones who are paying to keep the loafer of yesterday the gentleman of today.

Charitable projects of any nature enacted in behalf of the unfortunate always protect the shiftless at the expense of the competent. Too many charitable organizations help to destroy initiative and lead people to believe that there really is such a thing as obtaining "something for nothing."

We should combine now and forever to resist further exploitation of this sort whether it be governmental or private in origin. Let us keep more alert lest we ourselves become the "forgotten men."—WILLIAM P. HEFFERNAN, D.D.S., *311 Broadway, Somerville, Massachusetts.*

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COMMENTS ON NEW YORK ARTICLE

As Secretary of the Essex County Dental Society, I have been asked to register a formal complaint to you regarding an article[1] appearing in the April issue of ORAL HYGIENE.

This article is both ambiguous and misleading, and has a title which, in itself, is quite a stretch from the actual truth. Even a casual reader could detect that from the general contents of the article itself.

The article in question is that appearing on page 516 under the caption "New York Society Votes for Health Insurance."

We feel that it is high time that publications adhered more to actual facts, rather than to an individual's interpretation of facts, in the writing of "papers" and reporting of society doings. We, as dentists, these days are faced with a serious problem of the "bugaboo" of Panel dentistry, and a little oil poured on the troubled waters would be a great deal more soothing to a good many of us

[1]New York Society Votes for Health Insurance, ORAL HYGIENE 25:516 (April) 1935.

than the "red pepper" in your title on page 516 of your last publication. —ELVIN F. AXT, D.D.S., *Secretary, Essex County Dental Society, Maplewood, New Jersey.*

Editor's Note: The article referred to by Doctor Axt was confined to the information embraced by the official press release of the First District Dental Society of New York. The title, however, should have read, "New York Society Votes on Health Insurance." It is not the policy of ORAL HYGIENE to interpret facts in reporting on controversial matters but simply to present comments on both sides of such questions as health insurance. In line with this policy the leading article in the April issue, *My Experiences Under Health Insurance* by Leo Remes, D.D.S.,[2] exposed the defects in the functioning of the English health insurance system.

[2]Remes, Leo: My Experiences Under Health Insurance, ORAL HYGIENE 25:492 (April) 1935.

FEDERAL BUREAU SEEKS IDENTIFICATION AID

The Federal Bureau of Investigation, United States Department of Justice, requests the cooperation of the dental profession in apprehending Merton Ward Goodrich who is wanted for murder in Detroit, Michigan.

His description is as follows:

Age, 25, (born May 7 or 8, 1909 at Ona, West Virginia); height, 5 feet 10½ inches; weight, 120 pounds; build, slender; hair, thin, light brown, slightly bald-front; eyes, dark hazel, protruding, dark circles beneath; complexion, sallow; ears, prominent and protruding; *teeth, lower teeth dirty, four teeth in front of large discolored tooth in upper left jaw missing, black stubs in right upper jaw;* scars, slight scar on right cheek; occupation, piano player and trap drummer, magazine salesman, radiotrician; peculiarities, shuffling walk with head down, apparently tuberculous and a heavy drinker.

In the event any information relative to any person answering the above description is secured, kindly notify the nearest office of the Federal Bureau of Investigation by telephone or telegraph collect.

The Dental COMPASS

DOCTOR WALKER CITED FOR N.Y.U. SERVICE

In recognition of his outstanding services to New York University during nearly forty years in the dental profession, Alfred Walker, D.D.S., 1897, of New Rochelle, New York, was presented with an Alumni Meritorious Service Award by the Alumni Federation at New York University's commencement exercises, Wednesday, June twelfth. At the same time nine other alumni and two alumnae of the institution were similarly honored.

Doctor Walker is the Chairman of the Judicial Council of the American Dental Association; member of the New York State Board of Dental Examiners; and a member of the Dental Advisory Committee of the President's Committee on Economic Security. As a teacher, writer, and clinician he has worked enthusiastically for the advancement of the College of Dentistry of New York University.

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DELAY OPENING OF L.S.U. SCHOOL OF DENTISTRY

The Louisiana State University's new School of Dentistry will not be opened until 1936. Doctor James Monroe Smith, President of the University, who announced this postponement explained that it was necessary because the buildings to house the school cannot be completed in time for opening the school term this fall.

Contrary to statements made in the first press releases the new School of Dentistry will be located in the city of New Orleans rather than in Baton Rouge. It is to be operated in connection with the Louisiana State University School of Medicine, which has now been in operation for four years, and will be located on the State Charity Hospital grounds in the center of the city of New Orleans.

Doctor S. H. McAfee of New Orleans, named dean of the School of Dentistry, will serve on a part-time basis until the school is opened, to superintend the organization and supervise plans for opening next fall.

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MAKES DENTURE OUT OF TIN

Tom Gay, an aged prospector of Herberton, Australia, has achieved some local prominence by making a denture out of tin he found in local gullies. For some time the teeth proved satisfactory and useful but he finally pawned them. Jack McBride, owner of the Mining Exchange Hotel, got possession of them and now has them displayed in a glass

case in one of the windows of his hotel, where members of the dental profession come to see the work of this amateur dentist.

In explaining the construction of the denture Mr. Gay said he made an impression in beeswax, transferred this to plaster-of-paris, and then ran into the mold tin which he had first smelted from ore found in gullies.

RECEIVES DENTAL AWARD

Doctor L. Pierce Anthony, Philadelphia, editor of the *Dental Cosmos*, was awarded the Newell Sill Jenkins Medal by the Connecticut Dental Association at the close of its seventy-first annual meeting This award is made annually in memory of Doctor Jenkins.

DENTAL MEETING DATES

New York State Dental Hygienists' Association, fifteenth annual meeting, Hotel Saranac, Saranac, New York, June 12-15.

Northern Ohio Dental Association, seventy-eighth annual meeting, Cedar Point-on-Lake Erie, June 17 and 18.

American Dental Society of Europe, Annual Meeting, London, England, June 31 to August 3, 1935.

The Fourth Belgian National Dental Congress, Brussels, Belgium, August 1-4, in the new George Eastman Institute Building.

International Dental Federation, twenty-ninth meeting, August 4-10, in the new George Eastman Institute Building, Brussels, Belgium.

National Dental Association, twenty-second annual convention, Louisville, Kentucky, August 13-16.

Odontological Society of Western Pennsylvania, fifty-fourth annual meeting, William Penn Hotel, Pittsburgh, October 15-17.

The American Academy of Periodontology, twenty-second annual meeting, St. Charles Hotel, New Orleans, Louisiana, October 31-November 2.

American Dental Assistants Association, eleventh annual meeting, New Orleans, November 4-8. Headquarters will be at the De Soto Hotel.

American Dental Hygienists' Association, twelfth annual meeting, New Orleans, November 4-8. Headquarters will be at the Hotel Monteleone.

Greater New York December Meeting, Hotel Pennsylvania, New York City, December 2-6.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

Teacher: "Honesty is the best policy."

Son of Insurance Agent: "You're wrong, teacher. Twenty-pay life is the best policy."

The chief of police of Dinksville was also Dinksville's veterinary surgeon. An agitated woman called up his home.

"Do you want my husband in his capacity of veterinary or chief of police?" asked the chief's wife.

"Both!" came the reply. "We can't get a bulldog to open his mouth; there's a burglar in it!"

"This is a good restaurant, isn't it?" petulantly asked the new patron.

"Yes, sir. If you order a fresh egg, you get the freshest egg in the world. If you order a good cup of coffee, you get the best cup of coffee in the world; and—"

"I believe you. I ordered a small steak!"

Graduate: "Professor, I have made some money and I want to do something for my old college. I don't remember what studies I excelled in."

Professor: "In my classes you slept most of the time."

Graduate: "Fine! I'll endow a dormitory."

Detectives were questioning a negro charged with stealing a typewriter. Not getting anywhere, one of the officers brought in the machine.

"Lawzee, man," the negro exclaimed, "you calls that a typewriter? Ah thought it was a cash register Ah was stealin'."

A small boy had taken his mother's powder puff and was in the act of powdering his face when his small sister, aged five, snatched it.

"You mustn't do that," she exclaimed. "Only ladies use powder—gentlemen wash theirselves!"

He never was "dated"—he never was wed
He hardly would speak to a fem—
But he followed the hosiery-lingerie ads
And he learned about women from them.

A couple of girls were overheard on the street. They were having a discussion:

First: "Beauty alone don't go no more."

Second: "Huh?"

First: "You gotta be glamorous and exotic besides."

SPYCO NO. 10

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Real Service and Satisfaction for Your Patients at Moderate Cost.

It is easy to cast and to finish—a thorough discing or polishing to develop the full color of the alloy often being all that is necessary after the casting is complete.

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Use Spyco No. 10 in Inlays*, Abutments, Pontics, Clasps, Bars and Partials.

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Order Spyco Golds thru your dealer.

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Specify Spyco Golds to your laboratory.

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*When circumstances require that inlay margins be burnished, we recommend the use of Spyco Hard Inlay Gold. It is a high quality, medium hard gold for use in general inlay and bridge work, $2.00 per dwt.

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VERY RESISTANT TO CORROSION

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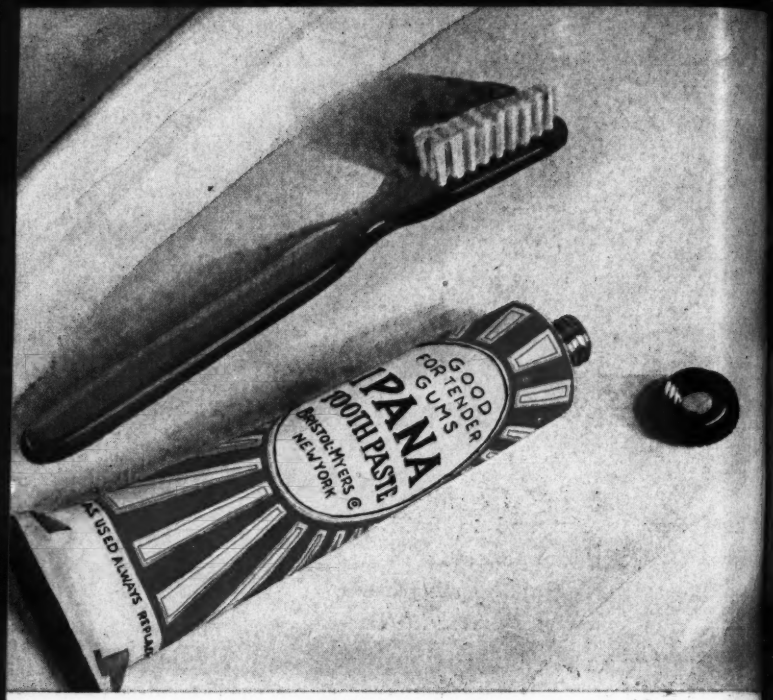

DENTISTS pioneered— IPANA popularized— the Theory of GUM MASSAGE

DENTISTS made one of their greatest contributions to the health of the world by discovering the efficacy of gum massage in strengthening gingival tissue and building resistance to infection.

And for 15 years Ipana has helped the profession spread the gospel of gum massage through its extensive advertising. Today, gum massage is a national habit in millions of American homes.

Ipana's formula makes it an ideal agent in the practice of gum massage. And thousands of dentists are recommending its use to their patients for the home care of the teeth and gums as an adjunct to their professional work at the chair.

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